

Submitter : Dr. Martin Blume

Date: 08/11/2006

Organization : Pakway Medical

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed increase in E/M services will be important to those who strive to keep people healthy and out of hospitals, where many patients have opportunity to decrease their well-being. Along with the changes proposed, ancillary services such as DXA scans, x-ray, and limited lab performed in an office setting should not bear the brunt of any off-set decreases. Expenses are increasing throughout the business world. Therefore, it would seem inappropriate to decrease the reimbursement for physicians in this setting and expect positive results. It simply represents the proposition of desiring healthy outcomes without rewarding the effort needed to effect them.

Submitter : Ms. Robin Shapiro

Date: 08/11/2006

Organization : Member of NASW

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Please don't cut reimbursement to Social Workers. You already pay much less than any insurance company and it is a hardship to see Medicare patients as my own expenses (rent, gas, heat, fees, and taxes) continue to rise. Don't make me become another professional who turns away clients that may need the work the most. Medicare is already the most difficult payor to bill. Please don't make it unworth our time to be able to work with the elderly and disabled!

Thanks for listening,
Robin Shapiro, LICSW
Washinton State

Submitter : Ms. Barry Silverman
Organization : Brief Therapy Center of Staten Island
Category : Social Worker

Date: 08/11/2006

Issue Areas/Comments

GENERAL

GENERAL

I am most strongly opposed to the proposed rate decreases for social workers who are Medicare providers.

A 14 percent reimbursement would force me to no longer be a provider for Medicaid. I believe that the overall impact of this cut would be to eliminate your most experienced providers.

I therefore urge that CMS not reduce work values for clinical social workers effective January 1, 2007 and that CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers.

Finally, I request that CMS not approve the proposed "bottom up" formula to calculate practice expense. I request that CMS select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Sincerely,
Barry Silverman, MSW

Submitter : Mr. Stephen Knezek

Date: 08/11/2006

Organization : Mr. Stephen Knezek

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I am a Clinical Social Worker in Solo Private Practice and I would have to stop seeing Medicare patients if your proposed cuts in my fee went through. Please understand that I want to continue to serve those on Medicare but I have a office to maintain and a family to support. Thank you for considering my request that you do not cut my fee for Medicare services (out-patient, mental health)

Submitter : Dr. Henry Beck

Date: 08/11/2006

Organization : Dr. Henry Beck

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I was disturbed to see the reduction in fees for social workers. I am a clinical social worker and it is difficult to keep my practice going and earn a living at current fees. Please review this decision

Submitter : Mrs. Pauline Wakeham

Date: 08/11/2006

Organization : Idylwood health care

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I am alarmed that you are considering lowering the fees for non- physicians...as a social worker in both private practice and working for an agency I cannot understand why you would want to deter clinicians from offering services to Medicare recipients... this is an underserved group as it is and in need of services... lowering the fees for the services will directly impact patients since fewer social workers will want to offer their services via Medicare reimbursement.

Submitter : Ms. Betsey Edwards
Organization : private practice in psychotherapy
Category : Social Worker

Date: 08/11/2006

Issue Areas/Comments

GENERAL

GENERAL

The proposed decreases in fees for clinical social workers will negatively affect our ability to serve this clientele as effectively as they deserve. Furthermore, the proposed increases for other practitioners tends to discriminate amongst equally qualified, equally essential caregivers. (Social workers provide by far the most care for the Medicare population, and our particular expertise is uniquely suited for their needs.) In order to continue our quality of care, we must be fairly compensated. Please reconsider this proposal. Thank you for your attention.

Submitter : Mrs. Francine O'Brien

Date: 08/11/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

A fourteen percent reimbursement cut will affect my practice and me as a Medicare provider. Please don't reduce work values for clinical social workers effective January 1, 2007. Please withdraw the proposed increase in evaluation and management codes until CMS has the funds to increase reimbursement for all Medicare providers; and please don't approve the proposed 'bottom up' formula to calculate practice expense. Please create a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers. Thank you!

Submitter : Mrs. ANITA HICKS

Date: 08/11/2006

Organization : Mrs. ANITA HICKS

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I am a licensed clinical social worker with over 40 years of experience. I struggle to maintain a practice and provide excellent service to clients under the current fee schedules for social workers. Please do not cut payments for social workers by 14%. I provide valuable, cost-effective service to many clients, and my expenses increase regularly: rent, fuel, utilities. This would have serious impact on my livelihood.

Submitter : Patrick Brown
Organization : Patrick Brown
Category : Individual

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

I have heard that this proposal (CMS-1512-PN) would reduce the amount of compensation granted to clinical social workers who are treating Medicaid patients, and that the proposal would reduce work values and practice expense values. As a taxpayer, this disturbs me on two counts:

- 1) People on Medicaid are among those who can least afford a reduction in the level of care they receive. Reducing compensation to clinical social workers would incent social workers to reduce the level of care they provide to Medicaid patients. This is patently just plain wrong it flies in the face of the values our country was founded on (i.e., that we take care of those who cannot fully take care of themselves).
- 2) Reducing the level of compensation to clinical social workers (or any human service workers) is an insult to their professional position. These workers have typically mastered a great deal of information and put in a great deal of clinical practice; the idea of cutting their compensation in the face of ongoing inflation seems ludicrous and insulting to me and it will incent inappropriate behavior among human service workers. Would you like your doctors to have their rate of compensation arbitrarily cut, knowing that corresponding cuts in quality of service would likely be passed along to you?

Submitter : Dr. Jeffrey chick
Organization : self
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

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

I perform bone density examinations for my patients. I consider the proposed reductions in reimbursements for this service completely innappropriate. They will negatively impact patient access to this proceedure. Other than trying to just slash health care costs, how do you people come up with these ridiculous ideas. I'm trying to reduce the taxes I pay.....should I just cut them by 80%? Probably not, as it would put some of you buracracic dolts out of work. Best wishes, Jeffrey B. Chick M.D.

Submitter : Mrs. Donna Hunter

Date: 08/12/2006

Organization : Global Therapy, Inc

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I have just received a newsletter from NASW regarding the proposed 14% reduction in fees to social workers. I currently have medicare clients. I have had to limit the number of medicare clients I see because the reimbursement rate is low to begin with. To reduce the fees will create a situation where I may reconsider my involvement with medicare. Social workers have the same overhead expenses as other professionals. I pay office rent, supplies, billing clerk, insurance, business insurance, professional dues, professional education, taxes. I think you get the idea. Individuals on medicare, particularly the mentally ill/ disabled are some of the most vulnerable citizens. To limit their access to services by removing quality service providers is uncalled for and cruel. It will make me think twice about the candidates when I am in the voting box.

Submitter : Ms. Katharine White
Organization : National Association of Social Workers
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

The health care industry recognizes the effect that mental health issues have on a person's wellness. I presently work in a hospice and have worked in the oncology arena and it is critical that people on Medicare receive adequate mental health counseling from Clinical Social Workers. Only Clinical Social Workers understand the effect poverty, aging and other environmental conditions affect the mental health of patients. We are also experts in accessing community resources and advocating on the behalf of our patients.

The proposed 14% reimbursement cut to the private practice provider will reduce the number of clinicians willing to participate in an already shrinking field. Working in the health care setting it is imperative for us to have qualified clinicians to whom to refer our patients. We do not have the resources to address all our patient's psychosocial needs and these resources are critical.

I respectfully request that CMS not reduce work values by 7% and that CMS withdraw the proposed increase in evaluation and management codes until there are funds available to reimburse all Medicare providers. I also request CMS not approve the proposed 'Top down' formula to calculate practice expenses, but select a formula that doesn't create a negative impact for mental health providers.

As our population increases and more baby boomers reach Medicare eligible age, the need for mental health services will skyrocket. The health care industry & CMS need to put more money toward counseling services in order to reduce health care costs. Healthy minds are essential for healthy bodies.

Submitter : Dr. Kevin de Regnier
Organization : Dr. Kevin de Regnier
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

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

RE: CPT Code 76075

I write in strong opposition to the proposed changes to CPT code 76075 DXA of the axial skeleton. As you are aware, Medicare currently pays for bone density screening for at risk populations. This is in recognition of the relatively high prevalence of undiagnosed and untreated osteoporosis and the availability of effective treatments for the treatment and prevention of osteoporosis.

I am a family physician in a rural community of 5000 people. 50% of my patient visits are Medicare patients. Prior to our purchase of a DEXA unit in 2001, many of our patients had no access to this important screening technology because they had no transportation to the nearest scanner which was nearly 50 miles away. As a result we saw many hospitalizations for fractures of the spine and hip.

If the proposed changes are implemented this vital service will no longer be available to our community. We have received notice from the manufacturer of our DXA unit that effective 7-1-07 they will no longer be able to service our unit due to its age. To replace it will cost \$75,000. With the proposed change we would have to perform 27 tests per month to pay for the machine, the technologist to operate it, electricity and supplies to perform testing and my time and expertise to interpret the tests. In the past 6 years in our best month of testing, we performed 23 tests.

These changes will make DXA testing unavailable to many rural patients. To ensure that rural patients have equal access to this important health screening technology, I ask that you reconsider the proposed changes and not only leave the work RVU value unchanged but recognize the cost of advancing technology by increasing the facility and non-facility RVU values.

Thank you for your consideration of my comments.

Submitter : Dr. hugo tettamanti

Date: 08/12/2006

Organization : Dr. hugo tettamanti

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Concerns with proposed reductions on compensation for bone densitometry.

Our practice consist of two physicians(husband-wife),since the introduction of our DXA about 21/2 years ago, diagnosis and treatment of osteopenia-osteoporosis were made in about 800 patients.Having the equipment in the office has been convenient,cost effective for patients and doctors and has increased the compliance with treatments.

It is remarkable that diagnosis not only were made on women but also males,mostly the ones with androgen defficiency,a growing pathology in late middle age diabetics,as well as people with renal osteodystrophy.

If a reduction in compensation to providers pass,our practice will be unable to continue to offer this procedure.Depreciation, salary to technicians and service to the equipment will force us to abandon this study for our clients

Thank you

Submitter : Mrs. Linda Vande Garde

Date: 08/12/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I wish to submit a request that fee schedules proposed do not decrease in fee amount for the mental health aspect as pro-active use of these services is of great benefit to reducing health incidents with a population as a whole. Any further decrease in reimbursement to clinical social workers proves to make accessing services more difficult for the people we serve as our pay scale is most competitive and fair.

Thank you for your consideration of this important issue.

Linda Vande Garde, MA, LCSW

Submitter : Ms. Christine Garwood

Date: 08/12/2006

Organization : Private Practice

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I have decided that it is best that I terminate my relationship entirely with Medicare as a provider (Clinical Social Worker in Private Practice), as you are once again chosen to reduce our rate of reimbursement, which already is substandard. My practice is very successful despite being almost entirely a fee-for-service basis.

I have only become a Medicare provider to assist an elderly client who came to me.

Unfortunately it is the elderly taxpayers who will suffer as a result of your action.

Such further reductions will leave you with a pool of extremely inexperienced or poorly skilled professionals, being the only ones who will be willing to work for such substandard wages.

The cost of running our practices sky rocket as does inflation in personal costs. You insult us. Most industries attempt a mild cost of living increases, to keep up with the rising cost of living.

Submitter : Dr. Joseph Troise
Organization : Lexington Ob/Gyn
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

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

I am writing in regards to proposed changes in the Medicare reimbursement for dual energy x-ray absorptiometry (DXA) scans. I have been practicing Ob/Gyn in Lexington, VA for 10 years. We are the only provider for 40 miles. Last year we added DXA scans to our practice to provide our patients with convenient osteoporosis screening. We perform 10-15 scans per month which is just enough to cover our costs for providing this service. We utilize fan-beam technology which is considered the "gold standard". Any further reduction in reimbursement for this screening would be detrimental to patient access. I would ask that you please reconsider the proposed recuction.

Submitter : Mark Harris
Organization : Adult-Parent-Child Consultation
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

Other Issues

Other Issues

Comment regarding CMS-1512-PN

I am a Licensed Clinical Social Worker in private practice. I am a Medicare/Medicaid provider. In the nine years that I have been practicing I have seen no increase in my reimbursement rates for either program. In fact, the state of Texas lowered the reimbursement rate by 6% due to a budget crunch but never brought it back up when a billion dollar surplus was found. Federal government employees routinely get a cost of living wage every year. I have a busy practice but I am lucky to make \$45,000 a year before taxes with no benefits, sick days, or vacation days. I fill a vital role for seniors, the disabled, and their families. Medicare is already the lowest reimbursement rate that I accept for mental health treatment. Senior Americans suffer from depression and substance abuse but are unable to find quality services in many of our government agencies, turning instead to private practitioners. There is a growing shortage of experienced, well trained social workers for private practice. Do you want to make it even less appealing?

The total reduction in reimbursement is expected to be 14 percent by 2010 for clinical social workers--one of the highest reductions of all covered professions. We should instead be given a 30% increase to encourage the growth of services. These services are not a drain on the economy but are easily cost justified as we help reduce dependence on prescription drugs, Doctor Visits, and hospital stays. Do not be penny wise and pound foolish.

Mark B Harris, LCSW, LSOTP, CCFC

Submitter : Dr. Gordon Fall
Organization : Olympic Medical Center
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

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

Gordon F. F. Fall M.D.
7715 24th Ave. N.W.
Seattle, WA. 98117
11 August, 2006

Centers for Medicare and Medicaid Services
Department of Health and Human Service
Attention: CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Dear Sirs:

I am a practicing family physician in a small group practice of 3 physicians. We have been offering bone density testing in our office with a DEXA scanner for 7 years which has enabled us to pick up and treat a tremendous number of patients with osteoporosis and osteopenia and we are able to follow them in the office in terms of how they respond to treatment. This has made a dramatic change in the number of patients with hip fractures. Access to this technology has and will save a tremendous amount of money to our health system by detecting and treating patients for osteopenia and osteoporosis before they experience their fractures. If you cut the reimbursement as proposed, we will no longer be able to afford provide this service and you will see many of these people fall through the cracks as many of them will not go get the test at another facility as it is too far to go. This will cost Medicare and other health insurers a great deal of money in the long run. You need to adequately fund screening and preventive measures if you really want to cut health care costs in the long run.

Sincerely,

Gordon F. F. Fall M.D

Submitter : Ms. Janet Carlson LCSW
Organization : Ms. Janet Carlson LCSW
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

I am in private practice as an LCSW. I am one of the few social workers who accept Medicare patients in Sarasota. If you cut the amount I am paid, it will be very difficult to continue seeing these patients. I am required to file electronically and have to pay someone \$15/hour to process the claims and there are many mistakes from Medicare claims. It will NOT BE WORTH accepting patients. That is NOT FAIR to the people that need help.

Please reconsider.

Submitter : Mrs. Glenda Coburn

Date: 08/12/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

The idea of a cut in reimbursement for social work services is still another slap in the face of those underserved whom we serve and it is another devaluation of the important work that social workers do. Almost any clinical social worker could make more money serving the rich and the insured, but we choose not to because we do not want the marginalized and unfortunates to be left out in the cold for services. It appears that the idea is to put us out of business too so that you can lower the bar on who can serve these lower income individuals. I thought we didn't have socialized medicine in this country, but CMS is bringing us closer and closer to it. Please, stop this cruel, insensitive action.

Glenda Gail Coburn, MSSW, LCSW

Submitter : Dr. Greg Recker
Organization : Dr. Greg Recker
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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

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

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

Submitter : A P
Organization : A P
Category : Physical Therapist

Date: 08/12/2006

Issue Areas/Comments

Other Issues

Other Issues

I am a physical therapist who has been working in rural settings for 23 years. My patients rely on medicare and/or medicaid for their services. They have limited access to care at any level. I work hard to keep people safe and independent in their own homes.

I am writing to comment on the proposed changes in reimbursement for services.

My understanding is that there are cuts scheduled to go into effect over the next several years and now you are proposing more cuts that will be in addition to the other cuts in reimbursement. I ask that the transition be as long and slow as possible to allow as many people as possible to receive services as long as possible.

My experience as an employee is that the less reimbursement companies receive the less services can be delivered. The patient is the one to suffer. And as I stated the people I serve already have limited access to medical care.

It has been explained that eval and management codes will receive greater reimbursement, but physical therapists are unable to bill under these codes so will only experience the cuts. Again the seniors and disabled patients I work with will be the people who will suffer from a lack of available services.

Please consider the necessary access to services the elderly and disabled need to remain safe in their own homes when implementing the proposed changes in reimbursement for Physical therapy services.

Sincerely,

Althea Pellack, PT

Submitter : Mrs. Joan Firra
Organization : American Physical Therapy Association
Category : Physical Therapist

Date: 08/12/2006

Issue Areas/Comments

Other Issues

Other Issues

A reduction of Medicare payments to physical therapists in private practice in the coming years could mount to as much as 10%. For a practice like mine that is hands on for the full 60 minutes of treatment, such a reduction would cut the payment below my costs. Older people need this direct attention especially when learning how to perform motor tasks anew. My patients blossom with this approach. In order to continue, my income cannot go down, I am worrying about replacing 20 year old air conditioners now. There have been no increases in salary for the professional staff in years. Managed care in the other areas of health care, does not allow making up for underpayment for Medicare recipients. All those who seek health care have to pull their own weight or providers like myself will not be able to survive. My own doctor will not take new Medicare eligible patients and I understand that this is true of many doctors. That is because Medicare reimbursement is insufficient. As reimbursement goes down, Medicare recipients are becoming medical second class citizens, ultimately as fewer providers can afford to treat Medicare recipients because Medicare reimbursement is too low, Medicare recipients will become medically indigent. Cutting reimbursement to meet the budget is like my cutting how much I will pay the utility companies because my budget does not cover the cost. There has to be other ways to balance the budget. Co-payments by recipients would seem the more equitable.

Submitter : Mrs. Barbara Stubbers
Organization : Barbara W. Stubbers, L.C.S.W.
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

I am a clinical social worker in private practice and I request that CMS does not reduce work values for clinical social workers effective 1-1-2007. I request that CMS withdraws the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers. I request that CMS does not approve the proposed top down formula to calculate practice expense. Please select a formula that does not create a negative impact for mental health providers. My office expenses will remain the same or increase and this is unfair to cut our income for the same quality of services that we provide. Our clients will also suffer if we reduce the number of Medicare clients that we are able to serve.
Barbara W. Stubbers, L.C.S.W. 941-753-7086 Bradenton, Fl 34207 email: d.stubzz@gmail.com

Submitter : Dr. Laura Mittlefehldt MD

Date: 08/12/2006

Organization : American Physicians, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a practicing hospitalist I encourage reassessment of RVUs particularly regarding inpatients and the increasing complexities of their medical illnesses in hospital. As a practicing physician I am certain with an aging population and technology, hospitalists are confronted with much more difficult clinical decision making challenges on a day to day basis. The current RVU system does not allow for stratification based on these challenges. I am in favor of this proposal and would encourage serious attempts at revamping the current guidelines. This may also encourage younger physicians to stay with in the field of internal medicine both inpatient and clinical medicine.

Submitter : Ms. Dory Martin

Date: 08/12/2006

Organization : Ms. Dory Martin

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

To CMS: Please do not cut reimbursement fees by 14% by 2010. I am a small business and serve seniors in the Tucson community, whose elder population is growing each year. Many social workers do not serve this population and this cut would greatly affect my practice.

Thank you, Dory Martin, LCSW

Submitter : Lisa Quinn
Organization : Lisa Quinn
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I strongly oppose the proposed cuts for clinical social workers.

A 14 percent reimbursement cut will affect my practice as a licensed independent clinical social worker and as a Medicare provider. I will not be able to sustain my practice if I continue to provide services to Medicare clients after such a huge cut. I will have to completely eliminate or drastically cut the number of Medicare clients I see.

There is already a shortage of clinical social workers and psychotherapists for Medicare patients due to the current low reimbursement rate. The shortage would dramatically worsen if you cut the reimbursement rates, and older adults with Medicare will not receive the psychotherapy services they both deserve and need.

I request that CMS does not reduce work values for clinical social workers effective January 1, 2007.

Please withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers.

I urge CMS not to approve the proposed "bottom up" formula to calculate practice expense. Please select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you.

Submitter :

Date: 08/12/2006

Organization :

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Do not decrease payments to social workers, who already struggle to provide services to Medicare recipients - do not increase the difficulty in taking them on as clients because the work does not pay adequately. Please do not approve work values for Clinical Social Workers effective Jan 1 2007.

Submitter : Mrs. Stacy Masten
Organization : Stacy Masten, LCSW
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

I am concerned about the proposed reimbursement cut since there are not many providers accepting Medicare B for mental health services in my geographical area. There are a few clinical social workers in my area that do accept Medicare B and a reduction of work values may decrease that number. Many of the Medicare clients are in need of good mental health services and maintaining the current fee schedule, rather than decreasing it, may assist in retaining quality providers. Thank you for your consideration.

Submitter : Dr. Mark Elam
Organization : Medical Access Clinic
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am an internal medicine physician practicing in a rural area in northwest Georgia. I currently see patients in a medical access clinic, primarily serving uninsured, medicare and medicaid patients. I am excited to hear that CMS is considering a substantial increase in payment for E&M services. Currently, the reimbursement for these services is so low that there is not a single primary care provider in our area of over 120,000 people that will accept a new medicare patient to their practice. Increasing payment to what will be a fair amount will change this, in my opinion. You are to be applauded for doing the right thing for providers and patients.

Mark Elam, M.D. FACP

Submitter : Dr. Jeffrey Perkins

Date: 08/12/2006

Organization : Colorado Center for Arthritis and Osteoporosis

Category : Physician

Issue Areas/Comments

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

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

I am writing concerning proposed changes in reimbursement for DXA (bone densitometry), and specifically for CPT code 76075. I understand that proposed regulations will decrease reimbursement for this code from about \$140 to about \$38 over 4 years. This is an outrageous decrease in reimbursement. I presently perform about 10 DXA studies per week as part of my practice that focuses on rheumatology and osteoporosis. We allocate 30 minutes per DXA study, which is the time necessary to do a quality DXA study. This study requires experienced, careful technicians and attention to patient positioning and correct scan technique in order to get a reliable measure of bone density. Reading one of these studies and preparing a report to the referring physician requires 10 to 15 minutes per study of physician time. When the cost of the DXA equipment and cost of maintaining a dedicated room for DXA scanning is factored in, I would be providing DXA's to Medicare patients at a clear financial loss under the new rules. As difficult a decision as it would be, I would not be able to continue to provide these studies to Medicare patients. I am confident that other providers of this service would have similar decisions to make. These proposed changes will result in the defacto denial of this covered service to millions of Medicare recipients. Given that the majority of women at risk for osteoporosis are Medicare recipients, these regulations would be expected to have a significant negative impact on the health of women in this country. Several years ago, Congress wisely legislated that DXA screening for osteoporosis be a covered benefit under Medicare. These rule changes are essentially counteracting the will of Congress on this important public health issue. I urge you in the strongest way to reconsider these revisions of reimbursement for DXA scans.

Submitter : Dr. Paul Cimoch

Date: 08/12/2006

Organization : Dr. Paul Cimoch

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I have cared for a large number of HIV/AIDS since 1990. Many have been disabled from their disease and they now rely on Medicare for health insurance. Financial reimbursements for all the time spent with these complicated patients has not kept pace with the rising costs of expenses. In order to continue to care for this sick population, reimbursements need to increase significantly. Otherwise, these patients medical care could become compromised and cost the system twice as much due to complications and hospitalizations. Thank you for increasing the reimbursement amount.

Submitter : Ms. Sharon Roseman
Organization : Possibilities Counseling Services, P. A.
Category : Social Worker

Date: 08/12/2006

Issue Areas/Comments

GENERAL

GENERAL

TO: CMS
FROM: Sharon Roseman, LCSW
RE: file code CMS-1512-PN

I am a licensed clinical social worker in Florida and I understand that you are considering or planning to reduce reimbursement rates by 14% for clinical social workers. I beg you to reconsider.

My recommendations are: 1) that CMS not reduce work values by 7% for clinical social workers effective 1/1/07 2) that CMS withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers and 3) that CMS not approve the proposed top down formula to calculate practice expense. Rather, select a formula that does not create a negative impact for mental health providers.

Here is the reality of how the proposed cuts will create a negative impact. I already have been told by many mental health providers that they are not willing to become Medicare providers because the reimbursements are too low. If the reimbursement rate is further lowered, we risk losing available providers, and surely providers will turn away those who are unable to pay the copayments. There is already a major non-profit organization in my area that will not provide services unless people have supplemental insurance or can pay their full copayment, so people go unserved. I have also seen many providers dropping out of the field to pursue other types of more profitable work. We work so hard to become educated and licensed, only to find the ability to generate a living is diminishing.

Personally, most of my Medicare clients are disabled and are living on a very low income. Some pay me very low copayments based on financial hardship. Many of them have already been turned away by other providers who were unwilling to reduce their copayments. Therefore, these clients represent the lowest payors on my caseload. I can only afford to accept a few medicare clients on this basis, as I need to fill my available timeslots with people who can pay enough to support my overhead and income. I run my practice on a very tight budget as it is, and my earned income is literally around poverty level.

Consider that the copayments of the recipients for mental health services are already at 50%. What does this say about the value of mental health treatment? What does this say about the value of those who are mentally ill?

It seems that as the stigma of mental illness is being reduced, more people are recognizing that they are in need of help. Will it be there for them???? Please show your support by recognizing the value of those who are suffering with mental illness and the value of those providers who treat them.

Submitter : Dr. James Oleske

Date: 08/12/2006

Organization : AAHIVM

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The only solution for the impending collapse of the US health care system is a single provider universal Health Care program.

Submitter :

Date: 08/12/2006

Organization :

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist that works in an outpatient hospital based clinic in New Jersey. I have been in practice for ten years and have a strong interest in the treatment of older individuals with orthopedic injuries or conditions. A large majority of patients treated at my facility utilize Medicare to cover physical therapy services.

I am writing to comment on the June 29th proposed notice that sets forth revisions to work relative value units and revises the methodology for calculating practice expense under the Medicare physician fee schedule.

The proposed Medicare payment cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. It is my recommendation that the CMS transition the changes to the work relative values over a four year period to ensure that patients continue to have access to the valuable health care services provided by physical therapists.

Thank you for considering my comments.

Submitter : Dr. James Yusuf Erskine
Organization : Dr. James Yusuf Erskine
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The costs of providing care to patients continues to go up, overhead including rent, salaries for office staff, insurance premiums, etc, meanwhile reimbursement has not kept up even with inflation...E&M codes need to be revised in their reimbursement rates if primary care is going to survive. Especially taking care of HIV patients, the reimbursement does not meet the complexity of care and health management decisions which we are providers are faced with. Please improve this situation now, it has been going on for almost a decade now. Who will be left to provide care?

Submitter : Dr. William Fife
Organization : Comprehensive Care Clinic
Category : Physician

Date: 08/12/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I believe an increase in reimbursement by CMS for HIV / AIDS care is necessary to continue to provide high quality care and improve people's lives and reduce the risk of further HIV infection. HIV treatment and preventive care is one of the most cost effective public health measures that a country can take. It also demands increased training, skill and experience. It thus requires adequate funding by CMS and an increase in reimbursement would allow health care practitioners to more optimally treat and prevent HIV disease, thus cost effectively improving the overall health of the United States. Please pass this bill to help us thwart this devastating disease. Thank you for your consideration.

Submitter : Ms. Tara Banick
Organization : Ms. Tara Banick
Category : Physical Therapist

Date: 08/12/2006

Issue Areas/Comments

Other Issues

Other Issues

As a physical therapist who regularly treats Medicare patients in the Chicago area, I am writing to comment on the June 29 proposed notice that suggested revisions for the work relative value units and the method of calculating practice expense RVU's under the Physician Fee Schedule. This proposal could drastically cut reimbursement for services provided to Medicare patients in my clinic, thereby endangering their rehabilitation process from serious orthopedic deficits and putting them at risk for more serious issues such as falls and loss of mobility. I would urge CMS to transition the changes to RVU's over a period of four years so that reimbursement for physical therapists' services are not cut severely in 2007. This will ensure that patients are not denied access to crucial physical therapy.

Thank you for your consideration of this issue.

Sincerely,
Tara Banick, DPT

Submitter : Dr. William Hass

Date: 08/13/2006

Organization : AAH, LLC

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Re: Proposed Changes to Anesthesiology Fee Schedule for CMS services

In your considerations of the above captioned fee schedule change, please consider what I have learned in almost 30 years of anesthesia practice. The anesthesia services in the US are most commonly provided by group practices that consist of anesthesiologists, certified registered nurse anesthetists (CRNAs), anesthesiologists assistants (AAs), and other advanced practice nurses (APN). The services provided by a contemporary anesthesia group extend far beyond simple putting people to sleep and now include preparing patients for surgery, acute post-operative pain management, intensive care services, OB analgesia services, sedation for complex procedures outside the operating room, and chronic pain management. In each of these endeavors an anesthesia group improves safety and outcome as well as reduces costs. In my current group for every two operating room anesthetics done, we provide another valuable clinical service, usually uncompensated, to all the hospital's patients. I believe this 2:1 ratio holds true for many practices.

Beyond the clinical staff, each anesthesia group has a cadre of support specialist involved in scheduling, compliance, and billing personnel. Office space is rented and benefits are paid. Lawyers, and accountants are employed. A typical anesthesia group has impressive overhead costs. The vision of the anesthesiologist as having little or no practice overhead or perioperative role is not correct for the majority of anesthesiologists today. Any studies that suggest otherwise are suspect. If your data suggests that most anesthesia group has low overhead, perhaps a comprehensive survey across specialties needs to be done.

CMS has made several decisions that have had an adverse impact on the practice of anesthesia. We are penalized for training our future anesthesiologists and CRNAs. The impact of technology in our specialty is not recognized. The needs of patients seem to have a low priority. I hope that CMS's lack of insight in contemporary anesthesia practice will be improved by meeting with the leaders of our professional societies and in this case by gathering current data on overhead expenses.

Despite the above comments, I appreciate your efforts to provide the best healthcare to our citizens. Your decisions are important to both provider and patient.

Submitter : Mr. William Snow

Date: 08/13/2006

Organization : (Self Employed)

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

A 14 percent reimbursement cut would make it practically impossible for me to continue to work with people who have Medicare coverage. The cost of maintaining an office (which continues to climb) would take up a larger percentage of the payment received, so that the rate received for services would not cover the costs involved in providing them.

Therefore, I ask you, please do not reduce work values for clinical social workers effective January 1, 2007.

I also ask you to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers.

And I ask you not to approve the proposed "bottom up" formula to calculate practice expense. I ask you to select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you for your consideration.

Submitter : Dr. Jeffrey Kirchner
Organization : LANCASTER GENERAL HOSPITAL
Category : Physician

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

REIMBURSEMENT FOR HIV/AIDS SPECIALISTS, ESPECIALLY THOSE OF US IN THE PRIMARY CARE SPECIALTIES (FAMILY MED/ INTERNAL MED) IS CRITICALLY IMPORTANT IF WE ARE GOING TO BE ABLE TO PROVIDE EXCELLENT OUT PATIENT CARE FOR THESE INDIVIDUALS. IN THE LONG AND SHORT RUN THIS WILL SAVE THE HEALTH CARE SYSTEM A TREMENDOUS AMOUNT OF MONEY BY AVOIDING EMERGENCY DEPT VISITS AND HOSPITALIZATIONS.

Submitter : Mr. Jay McLaughlin
Organization : McLaughlin Physical Therapy
Category : Physical Therapist

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

As a practicing physical therapist for 29 years, I am asking you to vote against the upcoming proposal to reduce Medicare payments in 2007 to physical therapists and to vote against a five year review of work relative value units under the physician fee schedule. It is critical that Medicare payments for physical therapists are increased, and not decreased secondary to the great need of the aging population to receive physical therapy services. In addition, the increase in the number of "baby boomers" who are retiring is significant and adding to the already burdoned health care system. To decrease reimbursement at this juncture would be a grave diservice those 65 years and older. Physical therapy services are the MOST needed and utilized of all health care services and should be treated with great priority and respect. I implore you to allow all physical therapists to practice their craft and to continue to help millions of Americans rehabilitate and recover from disease, surgery and pain, without the fear of reduced reimbursements. Thank you, ina dvince for your cooperation.

Sincerely,

Jay C. McLaughlin, PT.,MA.
McLaughlin Physical Therapy
18 South Center Street
Southington, CT 06489
860-621-5054

Submitter : susan shapiro
Organization : susan shapiro
Category : Individual

Date: 08/13/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Medicine is the only regulated profession that is taking pay cuts in this time of raising costs- it is impossible to continue to provide quality service when our fees are cut every year. The result will be more providers becoming non-par and opt-out providers We cannot retain quality staff- they all want pay raises like every other working Americans. We cannot afford to pay our overhead; our rising energy costs; insurance, daily office expenses, and keep our doors open,if we are operating our business at a deficit. We cannot provide services if we are losing money to do it. The public think that Medicare is a bargain- it will continue to evolve into a cheap alternative to quality care, with only the providers and hospital remaining who NEED the business. The best will not remain in this losing business unless the reimbursements remain commensurate with the work. WE must pay doctors to TREAT patients!

Submitter :

Date: 08/13/2006

Organization :

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

As a licensed social worker about to begin a private practice, I had intended to apply to become a Medicare provider. Now, with the proposed cuts to reimbursement to social workers I will be rethinking that decision. I had looked forward to serving the population covered by Medicare and will regret the loss of that opportunity.

Therefore, I request the following:

-CMS not reduce work values for clinical social workers effective January 1, 2007

-withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers, and

- CMS not approve the proposed "bottom up" formula to calculate practice expense.

I request that CMS select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you.

Jeffrey Frank, LGSW

Washington, DC

Submitter : Dr. G. Bruce Clement

Date: 08/13/2006

Organization : Bond Clinic

Category : Physician

Issue Areas/Comments

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

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

Having practiced rheumatology for 25 years, I've seen great strides in the evaluation and management of individuals with osteoporosis. We now have tools for accurately diagnosing low bone mass. Of course, with the advanced technology and rising costs of trained staff the overhead involved has increased significantly over the last 10 years. Any cut in reimbursement will surely limit the practitioners ability to provide these services. Fully 40% of the female population will develop osteoporosis during their lifetime. Women's health is the real issue here. I am solidly opposed to the CMS-1512-PN, RIN 0938-AO12 proposal. If anything, we need an increase in DXA reimbursement to keep up with inflation. Thank-you. G. Bruce Clement, MD. Winter Haven, FL

Submitter : Mr. Joseph Albright
Organization : Progressive Rehabilitation Associates
Category : Physical Therapist

Date: 08/13/2006

Issue Areas/Comments

Other Issues

Other Issues

I am part owner of a rehab company with over 90 employees in eastern Iowa. We provide 17-20 thousand outpatient visits to Medicare beneficiariés across our ten clinic locations annually. I wish to comment on the June 29 proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

Current law regarding the Sustainable Growth Rate formula is projected to trigger a 4.6% cut in payments in 2007. This is a SEVERE cut that would affect both the elderly and rehab professionals alike. First of all, these proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so significantly, access to care for the millions of elderly and disabled in our country will be jeopardized. Rehab companies and other health care providers may be forced to limit or cut off necessary care as a result of reduced reimbursement.

Similar cuts in payment are forecasted to continue in the future, totaling 37% by 2015. Physical therapists cannot bill for E/M codes and will derive no benefit from increased payment for them. Therefore , 2007 will be a devastating year for PT's and other non-physicians who are not allowed to bill for these E/M services. Increasing payment for E/M services is important but the value of services provided by ALL Medicare providers should be acknowledged under this payment policy. PT's spend a considerable amount of time in consultation and treatment with patients, yet their services are being reduced in value.

Therefore, I request that CMS transition the changes to the work relative value units over a four year period. This would help ensure that patients continue to have access to valuable health care services, including physical therapy. Thank you for your time and consideration of thes comments.

Sincerely,
Joe Albright

Submitter : Dr. Emmanuel Lim
Organization : ERL Med Corp dba Lim Keith
Category : Physician

Date: 08/13/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

We endorse the higher reimbursement recommended recently for E/M especially in our HIV work.

Submitter : Ms. Rebecca Cecala
Organization : American Association of Nurse Anesthetists
Category : Health Care Professional or Association

Date: 08/13/2006

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

My name is Rebecca Cecala, I live and work in Springfield,PA. I want you to be aware of Medicare's proposal of huge cuts to our senior's anesthesia services. Medicare is proposing a 10% cut by 2010 and cutting 7% in 2007 alone. That is in addition to the SGR cuts of almost 5%, for a total anesthesia cut next year up to 12%.

These cuts are unprecedented, unwarranted and unwise. Anesthesia cuts hurt healthcare in our community. They'll affect surgery, hospitals and patients' access to care. If they go through, medicare's payment for an anesthesia service in 2007 will be about the same as it would have been in 1991. Will you contact Medicare to help stop anesthesia cuts? My professional association's website www.aana.com has more information. Thank you for looking into this matter. It is very important to my patients and my community.

Sincerely, Rebecca Cecala CRNA

Submitter : Dr. Allen Johns
Organization : Piedmont Anesthesia Associates
Category : Physician

Date: 08/13/2006

Issue Areas/Comments

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

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

I am an anesthesiologist in a large tertiary referral center with a large CMS patient population. I am very concerned with the proposed change in PE methodology because it hurts anesthesiology more than most specialties. The data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. The payments that are paid to anesthesiology by CMS are already significantly lower than those of other specialties compared to current market values.

The current proposal will make anesthesiologists and other specialties suffer huge payment cuts to supplement the overhead cost increases for a handful of specialties. CMS should gather new overhead expense data to replace the decade-old data currently being used and must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

The American Society of Anesthesiologists, many other specialty organizations, and the American Medical Association are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

Submitter : Ms. Linda Dunn
Organization : Halifax Behavioral Services
Category : Social Worker

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

I am a practicing Social Worker, providing therapeutic interventions for children at poverty level schools in Florida. This work benefits society in that children left untreated for mental health problems pose a greater cost to society in terms of future incarceration and cost to victims. I do not believe that lowering reimbursements to mental health care providers benefits our country.

Submitter : Mrs. Ann Muter Rowe
Organization : Presbyterian Church, Republican Party
Category : Individual

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

CMS must implement the proposed E/M work RUV's in the 2007 Medicare physician fee schedule. Already many physicians in Florida have left the State, started "Boutique Practices" or just refused to take any more Medicare patients, because they are not being adequately compensated for their work. If somethin is not done, America is going to be in an enormous Medical Crisis with the increasing number of citizens on Medicare. The present pay schedule is not fair to our doctors!

Submitter : Dr. Brent Moody

Date: 08/13/2006

Organization : Dr. Brent Moody

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Dermatology and Plastic Surgery**

Discussion of Comments-Dermatology and Plastic Surgery

Comment regarding proposed work RVUs for CPT 17003, 17004.

The discussion in the proposed rule emphasizes the use of this family of codes for the cryosurgical destruction of actinic keratoses.

These codes are more broadly defined than cryosurgical management of actinic keratoses and include other forms of destructive services.

Many of these other services, such as laser destruction, surgical curettage and electrosurgery are much more involved and time intensive services than cryosurgery.

In many cases, these other modalities require the administration of an anesthetic agent prior to the destruction and have prolonged post operative healing times. Laser destruction, particularly in children, may also involve general anesthesia.

The proposed rule does not address how these other destructive services may be potentially undervalued by the proposed work RVUs for 17003 and 17004.

I would suggest that the current value of the codes be retained until a survey can be completed for non cryosurgical destructive services and for indications other than actinic keratoses be studied.

Submitter : Dr. Ronald Hirsch
Organization : Signature Medical Associates
Category : Physician

Date: 08/13/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I welcome the increase in reimbursement for E&M services. For years, physicians who provide care by 'thinking' rather than doing procedures have been ignored. How could it be that it pays more for a blood draw by a physician which takes 3 minutes than a 15 minute visit with a diabetic hypertensive patient with multiple medication adjustments?

Please enact these increases as soon as possible to allow primary care physicians to be paid at a level that will at least begin to approach the actual cost of providing the service. Thank you.

Submitter : Mr. Herbert Rowe

Date: 08/13/2006

Organization : Mr. Herbert Rowe

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I urge Cms to approve the proposed E/M work RUV's for the 2007 Medicare Physician Fee Schedule. Many physicians have abandoned their practices, retired early, started "Boutique" practices, left the state or refused to take Medicare patients because they have not been properly compensated. Because of the aging of our population and consequently more citizens being on Medicare, a severe shortage of doctors is developing. Doctors who accept Medicare patients are now working harder and receiving less compensation. Please approve the proposed changes to ensure the health of our nation.

Submitter : Ms. Sarah Schleifer

Date: 08/13/2006

Organization : Ms. Sarah Schleifer

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I am dismayed to learn that CMD is considering reducing reimbursement for services under Medicare provided by a Licensed Clinical Social Worker. Social workers provide the majority of mental health services (psychotherapy) to patients. As reimbursement drops, fewer social workers will accept Medicare and patients will be forced to turn to hospital or community mental health centers. Already, in New Jersey, community hospitals and CMHCs have cut back on the availability of psychotherapy services and the wait for a physician appointment can be 2 months. How can this possibly improve access to care? Programs have been cut systematically in New Jersey in the past 6 years. An outpatient program that used to serve 1400 patients has been cut back to 300. Where are they supposed to go? Our society will pay for their lack of services with increased disability, SSI and welfare benefits. The people won't just go away. The costs will simply appear someplace else - but at what cost? With proper psychiatric intervention individuals can return to work, return to school and be trained or develop positive social relationships so that they can be functioning individuals in our society. Please don't shortchange the social workers at the cost to the patients. Thank you for your time.

Submitter : Dr. James Giebfried
Organization : MA Chapter of APTA
Category : Physical Therapist

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

August 12, 2006

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1512-PN
PO Box 8014
Baltimore, MD 21244-8014

Regarding: Medicare Program: Five-Year Review of Work Relative Value Units under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology.

Dear Mark B. McClellan, MD, PhD, Administrator

I am a physical therapist writing to express that my practice located in the inner city and caring for the low income immigrant population. I have been a physical therapist for 30+ years. I am the Federal Affairs Liaison for the MA Chapter of the American Physical Therapy Association representing 1700 practicing members in MA.

I wish to comment on the proposed June 29th proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under Medicare physician fee schedule.

There are four points of information related to this issue:

1. Under the current law the Sustainable Growth Rate (SGR) formula is projected to trigger a 4.6% cuts in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37 % by 2015. The impact of these cuts would be further compounded by budget neutrality adjuster proposed in the 5-year review rule that would impose additional cuts on top of the SGR. It is unreasonable to propose policies that pile cuts on top of cuts.
2. Although CMS does not have the authority to alter regulations it should be noted that physical therapists cannot bill for E/M codes and will derive no benefit from increased payment. Therefore, 2007 will be devastating year for physical therapists and other non-physicians who are not allowed to bill for these E/M services.
3. These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of elderly and disabled will be jeopardized.
4. CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illness more effectively and therefore results in better outcomes. Increasing payment for E/M services is important- but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.

Thank you for the serious consideration of my comments pertaining to the Medicare payment cuts.

Sincerely,

James Giebfried, PT, DPT, EDT, MA, CPH, MBA

Submitter : Ms. Laurie Boughton
Organization : N/A
Category : Health Care Professional or Association

Date: 08/13/2006

Issue Areas/Comments

Practice Expense

Practice Expense

As a licensed clinical social work I request that you consider the following regard to CMS-1512-PN:

1. CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007.
2. CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
3. CMS not approve the proposed Top down formula to calculate practice expense.
4. Request CMS select a formula that does not create a negative impact for mental health providers.

Thank you for your time and attention to this matter.

Respectfully,
Laurie Boughton, LCSW

Submitter : Edna Gordon
Organization : NASW
Category : Social Worker

Date: 08/13/2006

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

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

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

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