Submitter : **Mr. Ryan Wilkinson** **Date: 08/27/2007**

Organization : **Concordia University Wisconsin**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Ryan Wilkinson and I am a certified and licensed athletic trainer. I received a bachelor's degree in Athletic Training from Concordia University in Wisconsin and a master's degree in Kinesiology/Athletic Training from Indiana University. I hold the Board of Certification's Certified Athletic Trainer credential, and I am licensed to practice athletic training in the state of Wisconsin.

I am an Assistant Professor of Health and Human Performance as well as serving as Athletic Trainer for the football program. I am responsible for coordinating the complete clinical education component of our accredited program, as well as coordinating the complete medical care of the football team.

As an educator, I am concerned regarding the language provided in this document and how it will directly influence our students in their future professional endeavors.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients and for the future patients of our students.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Ryan D. Wilkinson, MS, ATC, LAT, CSCS
Associate Athletic Trainer
Assistant Professor of Health and Human Performance
Concordia University Wisconsin

Submitter : **Dr. chris gustafson** **Date: 08/27/2007**

Organization : **st lukes-Roosevelt Hospital, Dept of Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Chris Gustafson M.D.

Submitter : **Dr. R. Lance Howard** **Date: 08/27/2007**

Organization : **Northwest Anesthesia, P.C.**

Category : **Physician**

Issue Areas/Comments

Ambulance Services

Ambulance Services

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.

R. Lance Howard, M.D.

Submitter : **Heather Greene** **Date: 08/27/2007**

Organization : **Heather Greene**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

The Physician Work RVU-CPT 77080 (DXA)
The Direct Practice Expense RVU for 77080 (DXA)
Indirect Practice Expense for DXA and VFA
Deficit Reduction Act
Dear Mr. Weems:
I appreciate the opportunity to offer general comments on the proposed rule regarding changes to the Medicare physician fee schedule CMS-1385-P.
As a provider of DXA and/or VFA services, I request CMS to reevaluate the following:
a. The Physician Work RVU for 77080 (DXA) should be increased from 0.2 to 0.5, consistent with the most comprehensive survey data available;
b. The Direct Practice Expense RVU for 77080 (DXA) should reflect the following adjustments:
? the equipment type for DXA should be changed from pencil beam to fan beam with a corresponding increase in equipment cost from $41,000 to $85,000;
? the utilization rate for preventive health services involving equipment designed to diagnose and treat a single disease or a preventive health service should be calculated in a different manner than other utilization rates so as to reflect the actual utilization of that service. In the case of DXA and VFA, the 50% utilization rate should be changed to reflect the utilization rate for DXA to 12%.
c. The inputs used to derive Indirect Practice Expense for DXA and VFA should be made available to the general public, and
d. DXA (77080) should not be considered an imaging service within the meaning of the section 5012 (b) of the Deficit Reduction Act of 2005 because the diagnosis and treatment of osteoporosis is based on a score and not an image.

Submitter : **Dr. Michael Less** **Date: 08/27/2007**

Organization : **Dr. Michael Less**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Dr. Michael A, Less, M.D.

Submitter : **Dr. Patricia Young** **Date: 08/27/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Ms. Jynne Stowe **Date:** 08/27/2007

Organization : AnMed Health Rehab Plus

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a certified athletic trainer (ATC) currently working with AnMed Health Rehab Plus as an outreach ATC at a secondary high school. I received my Bachelor of Science degree in Athletic Training from Erskine College and my Master of Science degree in Health and Movement Science from Virginia Commonwealth University. I became nationally certified by passing my National Athletic Trainers Board of Certification exam in 2001 and have worked in both the collegiate and high school setting. I have been employed as an outreach ATC for two years.
I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,
Jynne R Stowe MS, ATC, LAT

Submitter : **Mrs. Elizabeth Wantz** **Date: 08/27/2007**

Organization : **Mrs. Elizabeth Wantz**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer. I work for a physical therapy company where I also assist in the physical therapy clinic as well as provide athletic training services to a local high school in central Pennsylvania. I have received my bachelors of arts and athletic training certification. I am also currently working on my doctorate of physical therapy degree.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Elizabeth Wantz, ATC

Submitter : **Dr. James Robotham** **Date: 08/27/2007**

Organization : **University of Rochester Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

UNIVERSITY OF CORRESPONDENCE ROCHESTER
Department of Anesthesiology

James L. Robotham, M.D., F.R.C.A. University of Rochester Medical Center
Chair, Department of Anesthesiology 601 Elmwood Avenue, Box 604
Professor of Anesthesiology, Pediatrics, Rochester, NY 14642
Pharmacology & Physiology Tel: 585.275.5639
Director, Perioperative Services, Strong Health Email:james_robotham@urmc.rochester.edu

August 27, 2007

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

As Chairman of an academic department under financial duress caring for all Medicare and Medicaid patients who come to our door, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the substantive undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue, particularly as those in private practice increasingly refuse to care for these needy patients of all ages. That as academic teaching physicians our reimbursements are then further reduced by 50% further adversely affects our ability to retain and recruit first rate anesthesiologists in an academic environment.

When the RBRVS was instituted, it created a large payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. Our subsidizing of the elderly and poor is clearly appropriate for all to participate in, not just those of us in academic regional centers. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists in the private sector are leaving from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter. I welcome your assistance to sustain our program.

James L. Robotham MD

CMS-1385-P-8712-Attach-1.TXT

#8712

UNIVERSITY OF ROCHESTER
Department of Anesthesiology

CORRESPONDENCE

James L. Robotham, M.D., F.R.C.A.
Chair, Department of Anesthesiology
Professor of Anesthesiology, Pediatrics,
Pharmacology & Physiology
Director, Perioperative Services, Strong Health

University of Rochester Medical Center
601 Elmwood Avenue, Box 604
Rochester, NY 14642
Tel: 585.275.5639
Email:james_robotham@urmc.rochester.edu

August 27, 2007

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter. I welcome your assistance to sustain our program.

James L. Robotham MD

Submitter : **Dr. Delf King** **Date: 08/27/2007**

Organization : **Chenango Memorial Hospital**

Category : **Hospital**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Michael Culliton **Date:** 08/27/2007

Organization : American Society of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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I appreciate your consideration of this serious matter.

Michael E Culliton MD

Submitter : **Dr. Michael Rosenkranz** **Date: 08/27/2007**

Organization : **Dr. Michael Rosenkranz**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Submitter : **Mr. Denton Norwood** **Date: 08/27/2007**

Organization : **Mr. Denton Norwood**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Denton Norwood and I am a Certified Athletic Trainer that practices at a private physical therapy clinic in Yakima Washington providing outreach services to area high schools. I also hold a Master's Degree in Exercise Science.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Denton C Norwood, MS, ATC

Submitter : Mr. Christopher Fleming **Date:** 08/27/2007

Organization : Kapaun Mt. Carmel Catholic High School

Category : Other Practitioner

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

Hello, My name is Christopher R. Fleming, I am a Certified Athletic Trainer working at Kapaun Mt. Carmel Catholic High School in Wichita, Kansas. I have been the Athletic Trainer for the last 17 years. I am also a full time firefighter with the city of Wichita. I have a BA in Exercise Science with and Emphasis on Athletic Training. I am also an Emergency Medical Technician Intermediate. I am currently working on bridging a program with fire department and the school to provide a higher level of medicine than is offered to the firefighters I feel that these changes could have a very bad influence on this program.

Because of that I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Christopher R. Fleming, LAT, ATC, EMT-I

Submitter : **Mr. Brian Lewton** **Date: 08/27/2007**

Organization : **Berkshire School**

Category : **Other Health Care Professional**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear Sir or Madam:
My name is Brian Lewton. I am a certified athletic trainer. I received a B.S in athletic training from Northeastern University. I am licensed by the state of Massachusetts Board of Allied Health and for the last two years I have worked for private boarding schools in Connecticut and now Massachusetts. I also hold an instructor certification from the American Heart Institute to teach basic life support. I am currently enrolled in an MS program pursuing a degree in Exercise Science and Health Promotion: Rehabilitation Science.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
Brian Lewton, ATC

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

As a successful Physical Therapist in West Virginia for the past 20 years, I have seen first-hand the negative impact that Referral-for- Profit and Physician-Owned Physical Therapy Practices have had on quality of care and referral patterns in our area.

I havc lost paticnt referrals rcpeatedly because a physician or group of physicians have hired a physical therapist to see his/her/their patients. I have had dramatic dcclincs in patients rcferred to our center due to this praetice.

Our praeticc's number one priority is quality of care. We are the most award-winning practice in our area. Our patient satisfaction is greater than 95%. However, it is still vcry diffieult to compete and be sueeessful in an environment that rewards physicians to refer to their own therapist and make money for it. We struggle with our bottom-line every two weeks. Our city and surrounding areas have been saturated with this practice. The new rule recently which dis-allowed the billing of therapy procedures without a physical therapist being on-site is a great first step, but has made referral for profit even more prevalent. This new rule, which is absolutely cssential and ethical, has stopped Chiropractors and some Physicians from billing for therapeutic procedures(ie. modalities, traction, and cxcrcisc,etc), but in order for these few professionals to continue to make money, they have hired their own physical therapists. I know of three Chiropractors in the past year that have started physical therapy clinics(in the same location of their previous practice) in order to get around this rule. These Chiropractors refer dirccly to thc therapist and make enourmous amounts of money off of these referrals. Therefore, instead of treating spine-related pathology, they adverstise(including hugc ads in the yellow pages), that they treat all parts of the body and all problems, including gait abnormalities, neurologic conditions, and hand injurics!

Many physicians and chiropractors will fight this tooth-and-nail because they make so much money from the practice. It will be argued that their therapist is the bcst and so it is an ethical practice, but I can assurc you that therapists are educated in school and also through the APTA and state organizations that they should not work in such a situation. Therefore, most of these individuals take such positions for the primary reason of making a large salary, knowing that his/her peers will look down on him/her. Thcse are not the therapists that excel in hospital and private practice settings. These are not the therapists that want to experience rcfcrrals from multiple physicians and learn from multiple physicians' ideas and expectations. These are not the award-winning, patient satisfying, or caring thcrapists that put quality of patient care above salary.

I have had somc of thesc physicians refer patient to us when the patient was of importance to them - ie. family member, another physician. Therefore, I know they feel we arc outstanding at what we do. I also have had patients who were doing much better and for one reason or another have been referred to one of the physicians. I provided a letter for the patient to take to the physician showing outstanding improvements. The patient requested to continue to have therapy in our facility and the physician still denied her request and made them take therapy at his facility(which was also 15 miles further for the patient to drive)! Rcferral for profit is hurting quality of care. It creates the potential for over-use of therapy and unfair competition. Besides cosidering who is the best therapist to treat my patient?, where is the most convenient location for my patient to receive therapy?.....now throw in, what makes me the most money for my business? It's just wrong! A physician, Chiropractor, or any health professional should be thinking of only one thing ---- What is in the patient's best interest? Not what is in my best interest?

Submitter : **Mrs. Amanda Campbell** **Date: 08/27/2007**

Organization : **Active Athlete**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

As a Certified Athletic Trainer and licensed Physical Therapist Assistant I have a unique view on both professions. I work in an outpatient setting utilizing both of my trades.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Amanda Campbell, PTA,ATC, CSCS

Submitter : **Mr. Jason Good** **Date: 08/27/2007**

Organization : **Mr. Jason Good**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jason Good and I am a Certified Athletic Trainer and Nationally Registered Emergency Medical Technician.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Jason W. Good, ATC, NREMT-B

Submitter : **Miss. Janel Ellinghuysen** **Date: 08/27/2007**

Organization : **Sport & Spine Physical Therapy**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Janel Ellinghuysen. I recently just graduated from Minnesota State University, Mankato with an Athletic Training Degree. I started working at Sport & Spine Physical Therapy and am waiting to hear my results if I passed my athletic training boards to become a certified Athletic Trainer.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Janel Ellinghuysen

Submitter : **Miss. Kristin Lundgren** **Date: 08/27/2007**

Organization : **Colorado Rush Soccer Club & Rose Sports Medicine**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

CMS-1385-P-8723-Attach-1.PDF

8723

Dear Sir or Madam: August 27, 2007

I am a certified athletic trainer working for the Colorado Rush Soccer Club. I provide injury care for youth soccer players. I have my B.S. in Exercise & Sports Science and post-graduate work in Athletic Training and Biomechanics study at San Diego State University. I have been a certified athletic trainer since 1999. I am very concerned about the proposed changes with CMS that may negatively affect my profession.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Kristin Lundgren, ATC

Submitter : **Date: 08/27/2007**

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversión factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Ms. Amy Magladry** **Date: 08/27/2007**

Organization : **Baltimore County Public Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Amy Magladry and I am a certified athletic trainer in the state of Maryland. I have worked in many different healthcare settings throughout my career and currently work in the Baltimore County Public Schools as a teacher/athletic trainer. I teach in a medical magnet program where I can use my experience in sports medicine/orthopaedics, the various healthcare systems and health promotion to ensure that my students are receiving the benefits to their education. As the schools certified athletic trainer I am in charge of the injury prevention, evaluation, and rehabilitation of my 600+ students athletes. I enjoy my job and would encourage you to visit a local high school and see an athletic trainer at work.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
Amy Magladry MEd, ATC

Submitter : **Dr. Edward Wade** **Date: 08/27/2007**

Organization : **American Anesthesia Associates, LLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Centers for Medicare and Medicaid Services
Attn. CMS 1385-P

RE: 1385-P Anestehsia Coding (Part of 5 Yr Review)

Dear Ms. Norwalk:

I am writing in support of the proposed payment increase by CMS for the Anesthesia Work Factor. I have been a practicing Anesthesiologist since 1983. The fact is, I recieved more for cases performed on Medicare patients in 1983 than I do now, and those were 1983 dollars. In 1983 the cost of gasoline was around $1.25 per gallon.

I support the propsal made by the RUC to increase the reimbursement for the "anesthesia work" component. Since the CMS has utilized the RBRVS for reimbursement, the "anesthesia work" component of the calculation has been grossly undervalued. It has been said that the "anesthsia work" component is presently valued "like a Family Practitioner writing a prescription or reading a medical journal". I do not think this is realistic. Consider the actual work perfomed on someone who has been critically injured in a Car accident and is bleeding to death or the Septagenarian who has just ruptured his abdominal aortic anuerysm... there is no comparison. Anesthesia "work" shold carry the absolute highest valuation.

Just for your information, I did an informal comparison of other forms of non-medical work in my area of the country (Wichita Kansas).

BMW Mechanic (flat rate for labor) = $ 115.00/ Hr
Liscensed Plumber (emergency rate) = $ 105.00/ Hr
Master Mason ($1.50/brick x 80/Hr) = $ 120.00/ Hr
Contract Lawyer (Full Partner) = $ 250.00/ Hr

Anesthesiologist(Medicare Patient)
(4 hour Fractured Femur in Kansas) = $ 95.00/ Hr

I do not begrudge any of the others above their reasonable charge for services rendered, but I should like to point out that all of the others demand payment in full on completion of services. After 60 days, we only recieve 80% of this rate and the remaining 20% we have to collect from the patient. We also have to pay malpractice insurance to practice, which is not required of the others in this State.

Please support this essential increase in anesthesia reimbursement. I am worried that there won't be any anesthesiologists to take care of me when I qualify for Medicare and need help. We need to rectify this unfair situation or we may not have enough providers to take care of our patients in the future.

Sincerely:

Edward J. Wade, MD
14554 SW 60th St.
Andover, KS 67002
316-516-7113 (cell)

Submitter : **Dr. Marshall Wong** **Date: 08/27/2007**

Organization : **Dallas Anesthesiology Associates**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. At the present time, Medicare is paying approximately $0.15 on the dollar for anesthesia services.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. Annette Vizena **Date:** 08/27/2007

Organization : Anesthesiologist: N. Colorado Anesthesia Consult.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Samuel Manalo** **Date: 08/27/2007**

Organization : **Dr. Samuel Manalo**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Sincerely,

Samuel Manalo, MD
Grosse Pointe Woods, MI

Submitter : **Dr. Howard Davis** **Date: 08/27/2007**

Organization : **Dr. Howard Davis**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Howard Davis, M.D.

Submitter : **Dr. Jonathan Dreier** **Date: 08/27/2007**

Organization : **American Society of Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Thank you for your consideration of this serious matter.

Sincerely,

Jonathan D. Dreier, M.D., M.B.A.
University of South Florida
College of Medicine
Department of Anesthesiology
jdreier@health.usf.edu

Submitter : **Dr. David Green** **Date: 08/27/2007**

Organization : **Dr. David Green**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter

Submitter : **Mrs. Jiea Rutland-Simpson** **Date: 08/27/2007**

Organization : **Harlingen Anesthesia**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely,
Jiea M. Rutland-Simpson

Submitter : **Dr. Brad Brian** **Date: 08/27/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

The issue of physician self-referral is an issue of concern for the profession of physical therapy as it creates an unequal foundation for the disbursement of physical therapy referrals in a competitive and fair fashion. I have seen physicians offices with interests in their own physical therapy practice refer away from my area up to 30 to 45 miles so the patient receives services in their facility. Patients will typically not question this practice, or they will just not attend therapy at all which is less than beneficial for the patient.

I practice in a state without direct access, thus I rely on referrals from physicians to maintain my private practice. However, if any of my major referral sources decided to put a clinic right across the street from me and stops referring to my clinic, there is very little that I can do about that. In many states, practices are put out of business by this very thing, and I am beginning to see this happen in my state. Every major orthopedic group in my area now has a physical therapy clinic of their own which is fed by their referrals. These physician owned clinics do not share the same costs that I do to market my clinic as this is not necessary for them. Many times, if I refer a patient to one of these orthopedists with a condition, the physical therapy referral will be forwarded to their own clinic. This is an extremely dangerous situation, ie. referral for profit and I feel like the exception to the Stark Laws in this case is inappropriate and should be evaluated.

Submitter : **Ms. Danielle Hess** **Date: 08/27/2007**

Organization : **Ms. Danielle Hess**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Danielle Hess and I am a certified athletic trainer. I currently work in a physical therapy clinic in the mornings and a high school during the afternoon.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Danielle Hess, ATC

Submitter : **Mr. Dale Rudd** **Date: 08/27/2007**

Organization : **University of California, Los Angeles**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a Certified Athletic Trainer and have worked as a health care professional in the collegiate setting for over thirty years. I am currently the Director of Sports Medicine at UCLA.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
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Sincerely,

Dale A. Rudd, MS ATC CES
Director-Sports Medicine
UCLA

Submitter : **Dr. Christopher Hagen** **Date: 08/27/2007**

Organization : **Virginia Mason Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Christopher B. Hagen, MD

Submitter : **Ms. Cynthia Fitzgerald** **Date: 08/27/2007**

Organization : **Select Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

There is a POPTS in our neighborhood and I have noticed more of them opening inthe Denver area. There is much competition among physicians for patients and operating a POPTS is a way of recycling patintes to get more dollars. Furthermore, patients are not being referred appropriately since the physicians don't neccessarily have expertise in orhtopedics, neurology or physiatry. Then there is the question of whether or not the patient actually needs therapy or are they being referred for revenue generation. We therapists are very concerned about what this will do to insurance reimbursement since POPTS patients are very likely to be exploited for personal gain, not to mention the efficiency and efficacy of the delegated treatment they are receiving. The physical therapy community has prided itself on their reputation of honesty and integrity and allowing POPTS (or the loophole)to exist violates the foundation of our profession.

Submitter : **Mr. Muttaa Masalkhi** **Date: 08/27/2007**

Organization : **Mr. Muttaa Masalkhi**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding

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Thank you for your consideration of this serious matter.

Best Regards,
Matt Masalkhi

Submitter : **Dr. Timothy Downing** **Date: 08/27/2007**

Organization : **Dr. Timothy Downing**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Timothy H. Downing, M.D.

Submitter : **Mr. Darryl Funai** **Date: 08/27/2007**

Organization : **Punahou School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hi, my name is Darryl Funai. I am a certified Athletic Trainer currently employed at Punahou School. I have been certified since 1995.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of aecess to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Darryl Funai, ATC

Submitter : **Mr. James Day** **Date: 08/27/2007**

Organization : **Buena Vista University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is James Day and I am currently employed at Buena Vista University in Storm Lake, IA. We are a small private university in the northwest corner of Iowa and I currently provide athletic training services to a variety of our NCAA Division III athletes. I have my Masters Degree in Athletic Training from the University of Virginia as well as being a Certified Strength and Conditioning Specialist.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
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Sincerely,
James Day, MEd, ATC, CSCS

Submitter : **Dr. Billye Gosnell** **Date: 08/27/2007**

Organization : **NW Anesthesiology and Pain**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Billye Gosnell, MD

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

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Sincerely,

Submitter : **Dr. Brian LeFrock** **Date: 08/27/2007**

Organization : **Coordinated Health**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Christopher Sutton** **Date: 08/27/2007**

Organization : **American Society of Anesthesioloigists**

Category : **Physician**

Issue Areas/Comments

GENERAL

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RE: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,

Dr. Chris Sutton

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physical therapy services should be excluded from the
in-office ancillary services exception! The current system allow for fraud potential and clients do not actually receive the physical therapy that Medicare is being billed for.

Thank you

Submitter : Dr. Stephen DeLessio **Date:** 08/27/2007

Organization : Dr. Stephen DeLessio

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Nariman Rahimzadeh** **Date: 08/27/2007**

Organization : **Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely yours,
Nariman Rahimzadeh, M.D.

Submitter : **Ms. Diane Wirth** **Date: 08/27/2007**

Organization : **Emory Healthcare**

Category : **Nurse Practitioner**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Sub section :II.B.2.bIII
August 27, 2007
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-1850

COMMENT TO: Resource-Based PE RVUs

File Code CMS-1385-P: Comments Related to Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008

SUMMARY: I am requesting that CMS reconsider the methodology that it uses for determining payment for G0248 and G0249 services in order to avoid the potential for abuse while, at the same time, ensuring fair compensating for legitimate providers of Home INR Monitoring services.

Dear Ms. Norwalk,

I wish to address this comment to CMS-1385-P Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008 (Proposed Rule) as it relates to the provision of Home INR Monitoring services (G-0248 and G-0249). I am writing to because of my concern over the Proposed Rule as Nurse Practitioner that is nationally certified in anticoagulation and the manager of a large healthcare practice (1800+ patients) that is devoted to anticoagulation of patients in Atlanta Georgia, Emory Healthcare.

Over the past five years I have practiced solely in the setting of anticoagulation and have recommended this method of monitoring for several of my patients that require warfarin therapy. I have witnessed first hand the benefit of proper training of patient that are candidates for patient self testing of their INR. I have also witnessed the frustration of patients that have not been properly trained, it a costly inefficient and dangerous situation that must be avoided at all cost.

I am concerned about the possible change in reimbursement for training of patient self-testing and the impact it will have on patient safety. I feel strongly that face-to-face training helps eliminate many if not all problems that may arise when patients are not trained properly on the machine they are using.

Concerns:

Payment Methods (G0248/G0249): I believe that it would be more cost effective for Medicare to pay for home INR monitoring in patients requiring long term anticoagulation with warfarin as a one time charge for the instrument, and the supplies as needed per the discretion of the healthcare provider responsible for their anticoagulation management; not dictated by a third party involved in supplying material and collecting their reimbursement by the number of tests a patient performs each month.

Training Issues (G0248): I have witnessed first hand the growing number of patients that are self-testing and their successes and failures with this alternate plan of care. The failures I have witnessed have been patients that have been supplied machines and not adequate training. The patients in our clinic are required to demonstrate how to perform their INR testing accurately at least every 6 months. I have had several patients not be successful with new monitors that did not receive face-to-face training. The majorities of our patients are elderly and may have problems with dexterity that a video just doesn t account for. I am strongly recommending that CMS continue to reimburse for face-to-face visits at their current rate, and not to support training of patients by video or phone training.

I would like CMS to take my concerns under careful consideration before changing the existing reimbursement structure. I fear that lack of reimbursement will jeopardize patient safety issues and ultimately increase the cost of healthcare due to increased numbers of adverse events for the anti-coagulated patient.

Sincerely,

Diane Wirth ANP-BC CACP
Emory Healthcare
1525 Clifton Road NE

Suite 207
Atlanta, GA 30322

Submitter : **Dr. Eric Crabtree** **Date: 08/27/2007**

Organization : **United States Air Force**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Ms. Melinda Terry** **Date: 08/27/2007**

Organization : **St. Edward's University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer working in the university setting at St. Edward's University in Austin, Texas. My career has spanned 24 years in both the high school and collegiate setting. During my tenure I have seen this profession grow and become a great benefit to the health care system and an important aspect of many settings.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Melinda Terry , MS, ATC, LAT

Submitter : **Dr. Jeffrey Hollingsworth** **Date: 08/27/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Jeffrey M. Hollingsworth, M.D.
South Denver Anesthesiologists, P.C.
333 W. Hampden Ave, Suite #600
Englewood, CO 80110
jhollingsworth@sdapc.com

Submitter : **Mr. Shawn Roney** **Date: 08/27/2007**

Organization : **Forest Hill Athletic Training**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified Athletic Trainer and Teacher in Palm Beach County. I am the sole provider of health coverage / sports medicine coverage after school. They count on me to provide evaluations, first aid, rehab, taping, education and other athletic training services.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Shawn Roney, ATC (and/or other credentials)

Submitter : **Gary Goldman** **Date: 08/27/2007**

Organization : **Gary Goldman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Gary L. Goldman, M.D.
Pa License # MD024197E

Submitter : **Dr. Fatima mawji** **Date: 08/27/2007**

Organization : **AAOT**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : Mr. Nicholas Camp **Date:** 08/27/2007

Organization : Mr. Nicholas Camp

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer from Charlotte, NC. I am not currently employed as an ATC but I am concerned that opportunities for me could be diminished by your proposed legislation. I have been certified for 6 years and I have obtained my Masters Degree in education.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Nicholas Camp, MSEd, ATC

Submitter : **Date: 08/27/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

Background

Background

Office of the Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES
Dear Administrator:
As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue
to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is important for several reasons.

ı First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for
anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.
ı Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B
providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
ı Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America s 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency s acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,
Maria C. F. Howard, BSN, CRNA
330 E. Maple
Birmingham, MI 48009

Submitter : Dr. Nancy Whatley **Date:** 08/27/2007

Organization : Asheville Aneshesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Jill Hamilton** **Date: 08/27/2007**

Organization : **Pinnacle Anesthesia Consultants**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely, Jill Hamilton MD

Submitter : Dr. Robert Fraser **Date:** 08/27/2007

Organization : Dr. RObert B. Fraser

Category : Health Care Professional or Association

Issue Areas/Comments

Background

Background

"TECHNICAL CORRECTIONS"

I feel that it would be more cost effective to have chiropractors provide their own x-ray rather than have to refer to a radiologist. The radiologist would have to do his own evaluation and then take the x-rays. The chiropractor could do the x-ray and save the additional E&M fee.

Submitter : **Mr. Rocky Thornton** **Date: 08/27/2007**

Organization : **Mr. Rocky Thornton**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : **Ms. Tammy Cain** **Date: 08/27/2007**

Organization : **Wyoming Orthopedics and Sports Medicine**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tammy Cain. I currently reside in the state of Wyoming, I am a graduate of the Univeristy of Wyoming with a Bachelors and Masters degree in Exercise Physiology and Exercise Science respecfully. I earned my National Certification from the Athletic Training Board of Certification and feel my education and subsequent test demonstrate my abilities to properly care for individuals in preventative and rehabilitative situations. Certified Athletic trainers can provide appropriate care to a variety of individuals and are particularly important in rural communities which are found throughout the state of Wyoming as well as many other states within out country. Certified Athletic Trainers are held to many standards and are responsible for continuing education and are governed by a National association to fulfill the necessary standards.

With this in mind, I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients, particularly in a rural community or state, such as Wyoming.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Tammy L Cain, MS, ATC

Submitter : Dr. Jon Propst **Date:** 08/27/2007

Organization : Anesthesia Medical Group of Santa Maria

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. The current Medicare reimbursement for Anesthesia significantly undervalues anesthesia services and needs to be increased to a more reasonable level.
In an effort to rectify this situation, the RUC recommended that CMS increase reimbursement for anesthesia services by 32%. This would be a major step in correcting the long-standing undervaluation of anesthesia services. I am encouraged that the Agency accepted this recommendation in its proposed rule, and I support this decision wholeheartedly.
It is important that anesthesia services receive fair and reasonable reimbursement to insure that access to quality care is not compromised for our patients who rely on Medicare. We do not want a situation where anesthesiologists stop accepting Medicare patients because of the poor reimbursement rate.
Thank you for your consideration of this important matter.

Sincerely,

Jon W. Propst, MD
Anesthesia Medical Group of Santa Maria
Santa Maria, Ca. 93454

Submitter : **Dr. David Young** **Date: 08/27/2007**

Organization : **Dr. David Young**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,
David Young MD

Submitter : **Dr. Michael Decker** **Date: 08/27/2007**

Organization : **Sheridan Healthcare**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Submitter : **Ms. Allison Checchio** **Date: 08/27/2007**

Organization : **Healthfirst**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer and have been working in the health care field since graduating fromt eh accredited college, Northeastern University in 2004 as well as on the job training while in school.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,
Allison J Checchio, ATC

Submitter : **Dr. Nathan Weber** **Date: 08/27/2007**

Organization : **Individual**

Category : **Physician**

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Nathan Weber

Submitter : **Mr. John Lichosik** **Date: 08/27/2007**

Organization : **Carroll College**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is John Lichosik and I am a Certified Athletic Trainer with 14 years of experience working in a clinical and hospital setting. I currently have moved into an educational setting as the Athletic Training Education Program Director and Assistant Professor at Carroll College in Waukesha WI.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Thank You for your time.

Sincerely,

John P. Lichosik, MS, MA, ATC, LAT
Athletic Training Education Program Director/ Assistant Professor
Carroll College
100 N. East Avenue
Waukesha, WI, 53186

Submitter : **Dr. Roscoe Robinson** **Date: 08/27/2007**

Organization : **Cardiovascular Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing to cxpress my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has rccognizcd thc gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

Whcn the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensurc that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your considcration of this serious matter.

Submitter : **Miss. Kelly Ruscin** **Date: 08/27/2007**

Organization : **Miss. Kelly Ruscin**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Kelly Ruscin and I am a certified athletic trainer working for the Cleveland Clinic. I work both in the clinical setting and at a secondary school. I am nationally certified and licensed in the state of Ohio.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kelly M. Ruscin, ATC/L

Submitter : **Bill Ingemi** **Date: 08/27/2007**

Organization : **Chesterfield Family Center**

Category : **Local Government**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bill Ingemi and I am an athletic trainer certified by the National Athletic Trainers Association Board of Certification. I am a graduate of West Virginia University with a Master s Degree in Athletic Training. I have been an athletic trainer for over 20 years and have enhanced the lives of countless people during my tenure. My ability to do this is the result of an exhaustive education and the acquisition of knowledge and skills from the professionals that make up the NATA.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
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Sincerely,
Bill Ingemi MS, ATC

Submitter : Alicia Scharett **Date:** 08/27/2007

Organization : Alicia Scharett

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

This needs to be addressed.

Submitter : Dr. Arnold Chong **Date:** 08/27/2007

Organization : Self-employed (Retired)

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

About time to adjust physician fees to keep up increased expences of running medical practices.

Submitter : **Dr. Nathan Weber** **Date: 08/27/2007**

Organization : **Individual**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Nathan Weber

Submitter : **Mrs. Jessica Stem** **Date: 08/27/2007**

Organization : **Mrs. Jessica Stem**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer at a high school setting. I have a bachelor's in sports medicine and a post-graduate teaching certificate. I have been working as an athletic trainer for six years, both in the high school and clinical settings.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Jessica Stem, ATC/L

Submitter : **Dr. Charles Lin** **Date: 08/27/2007**

Organization : **Dr. Charles Lin**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Timothy Clougherty **Date:** 08/27/2007

Organization : Dr. Timothy Clougherty

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-8780-Attach-1.TXT

#8780

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Submitter : **Dr. STEPHEN B. RHODES** **Date: 08/27/2007**

Organization : **Dr. STEPHEN B. RHODES**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.
STEPHEN B. RHODES, MD
OKLAHOMA CITY, OK. 73118

Submitter : Dr. Traci Arzillo **Date:** 08/27/2007

Organization : Dr. Traci Arzillo

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Sample Comment Letter:

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Traci Arzillo M.D.