

Submitter : Dr. Charles Poole
Organization : Dr. Charles Poole
Category : Physician

Date: 07/13/2007

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

Rc: 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.

Currently, the \$16.19 per unit is about 25% to 30% of what anesthesiologists' private payers are paying for anesthesia services. This increase will not be a complete fix for the disparity in reimbursement of anesthesia services, but it will help.

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.

Charles Poole, M.D.

Submitter : Dr. David Paul

Date: 07/13/2007

Organization : Dr. David Paul

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the increase in Anesthesia payments.

Submitter : Ms. Alaine Schumann

Date: 07/13/2007

Organization : Ms. Alaine Schumann

Category : Individual

Issue Areas/Comments

Background

Background

I worked in the operating room and recovery room for 15 years as well as in an anesthesia billing and administrative office for the last 17 years.

GENERAL

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Acting Administrator
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Thank you for your consideration of this serious matter.

Sincerely,

Alaine Schumann

Submitter : Mr. Rohit Singh

Date: 07/13/2007

Organization : Anesthesiological Group NEPA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please Pass Regulation to increase Medicare Conversion Factor

Submitter : Dr. Telfer Griffith
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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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.

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Sincerely,
Telfer N. Griffith, MD
Resident Physician, Anesthesia
Loma Linda, CA

CMS-1385-P-2055-Attach-1.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely,
Telfer N. Griffith, MD
Resident Physician, Anesthesia
Loma Linda, CA

Submitter : Mr. Ponathpur Prahalad
Organization : Anesthesiological Group NEPA
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

Please Pass regulations to increase medicare conversion factor

Submitter : Mrs. Loretta Rich

Date: 07/13/2007

Organization : individual

Category : Individual

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Sincerely,

Loretta Rich

Submitter : Stephen Stayer
Organization : Stephen Stayer
Category : Health Care Professional or Association

Date: 07/13/2007

Issue Areas/Comments

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Centers for Medicare and Medicaid Services
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Submitter : Dr. VIVIAN MEJIAS

Date: 07/13/2007

Organization : Dr. VIVIAN MEJIAS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

Submitter : Dr. Robert Suriani
Organization : Medical Anesthesiology Associates PC
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Mr. Rafi Punekar

Date: 07/13/2007

Organization : Anesthesiological Group Of NEPA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please pass regulations to increase medicare conversion factor

Submitter : Dr. Geoffrey Gonick

Date: 07/13/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Geoffrey Gonick, M.D.

Submitter : Richard Bindseil
Organization : Longmont Anesthesia Associates
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

I feel that the increase is necessary

Submitter : Dr. Nicholas Coates

Date: 07/13/2007

Organization : Anesthesiology department, MCG

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

Considering there is a national shortage of anesthesiologists, and other anesthesia providers, I believe it is prudent compensation including compensation from medicare be at a fair level. Anesthesiologists are reimbursed only pennies on the dollar for their services. Unless the nation wants to experience a real anesthesiologist shortage crisis which has already begun, this must be ameliorated ASAP.

Submitter : Dr. Michael Nestor
Organization : Ashland Anesthesia, PSC
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

**Payment For Procedures And
Services Provided In ASCs**

Payment For Procedures And Services Provided In ASCs

I am a practicing anesthesiologist and am concerned about the current Medicare payment cut proposals and its effect on my profession. Currently most hospitals have to supplement the anesthesia income, some to the tune of 1-2 million dollars per year, paid to the anesthesia groups. This is largely due to the greatly increased CRNA salary demands over the past few years, while the anesthesiologist salaries have only gone up slowly, consistent with inflation. Instead of decreasing the Medicare payment for anesthesia services, the payment should be significantly increased in order to help reduce the gigantic gap between salary demands and anesthesia group incomes. This increase would not increase my personal salary, nor the salary of my partners or employed CRNAs. But rather it would decrease the dollar supplement paid by my hospital to my group, a necessary but heavy burden borne by many hospitals. Even if one arbitrarily said that we are overpaid practitioners, and we personally took 50% pay cuts, that would only cut our hospital's payment to our group by 35%. But such extraordinary action by ourselves would have no effect on the national anesthesia market, as our nationwide counterparts would never do that, and theoretical replacements, such as locum tenens (temps) would demand even more pay.

Submitter : Dr. Steven Orebaugh

Date: 07/13/2007

Organization : Dr. Steven Orebaugh

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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.

Submitter : Dr. Clifford Parmley
Organization : Vanderbilt University
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

Background

Background

This legislation is needed in order for anesthesia practices to continue providing quality care to Medicare recipients.

Submitter : Dr. C. L. Parmley
Organization : Vanderbilt University
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

C. L. Parmley, M.D.

Submitter : Dr. William Nordlie
Organization : Dr. William Nordlie
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
W C Nordlie M.D.

Submitter : Mr. Richard Schmidt
Organization : Tejas Anesthesia, P.A.
Category : Individual

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Submitter : William Campbell
Organization : William Campbell
Category : Individual

Date: 07/13/2007

Issue Areas/Comments

Resource-Based PE RVUs

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Acting Administrator
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Truly,

William T. Campbell

Submitter : Dr. Keith Fleming
Organization : Tejas Anesthesia, P.A.
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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Submitter : Dr. Jeffrey Armstrong

Date: 07/13/2007

Organization : Tejas Anesthesia, P.A.

Category : Physician

Issue Areas/Comments

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Submitter : Dr. Jonathan Rhodes
Organization : Tejas Anesthesia, P.A.
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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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 : Dr. Mark Bowland
Organization : Tejas Anesthesia, P.A.
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
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