



National
Comprehensive
Cancer
Network®

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Robert W. Carlson, MD
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August 31, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue SW
Washington, DC 20201

RE: CMS-1693-P, Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Medicare Program; Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019 as it relates to NCCN's mission of improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

As an alliance of 27 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States. NCCN Guidelines® and their derivatives help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives.

Additionally, since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in cancer care and in 2016, NCCN was recognized by CMS as a qualified provider-led entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program. Through this qualification, CMS recognizes NCCN as a group qualified to develop AUC and establish policy and decision-making for diagnostic imaging in patients with cancer. NCCN Imaging Appropriate Use Criteria ([NCCN Imaging AUC™](#)) support clinical decision-making around the use of imaging in patients with cancer by outlining all imaging procedures recommended in the NCCN Guidelines, including radiographs,

Fred & Pamela Buffett
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Case Comprehensive Cancer
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Seidman Cancer Center and
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City of Hope Comprehensive
Cancer Center

Dana-Farber/Brigham and
Women's Cancer Center
Massachusetts General Hospital
Cancer Center

Duke Cancer Institute

Fox Chase Cancer Center

Huntsman Cancer Institute
at the University of Utah

Fred Hutchinson Cancer
Research Center/
Seattle Cancer Care Alliance

The Sidney Kimmel
Comprehensive Cancer
Center at Johns Hopkins

Robert H. Lurie Comprehensive
Cancer Center of Northwestern
University

Mayo Clinic Cancer Center

Memorial Sloan Kettering
Cancer Center

Moffitt Cancer Center

The Ohio State University
Comprehensive Cancer Center -
James Cancer Hospital and
Solove Research Institute

Roswell Park Cancer Institute

Siteman Cancer Center
at Barnes-Jewish Hospital
and Washington University
School of Medicine

St. Jude Children's
Research Hospital/
The University of Tennessee
Health Science Center

Stanford Cancer Institute

University of Alabama at
Birmingham Comprehensive
Cancer Center

UC San Diego
Moore's Cancer Center

UCSF Helen Diller Family
Comprehensive Cancer Center

University of Colorado
Cancer Center

University of Michigan
Comprehensive Cancer Center

The University of Texas
MD Anderson Cancer Center

University of Wisconsin
Carbone Cancer Center

Vanderbilt-Ingram
Cancer Center

Yale Cancer Center/
Smilow Cancer Hospital

computed tomography (CT) scans, magnetic resonance imaging (MRI), functional nuclear medicine imaging (PET, SPECT), and ultrasound. NCCN is committed to assuring that the most up-to-date recommendations are available and reviews and updates the NCCN Imaging AUC™ on a continual basis to ensure that the recommendations take into account the most current evidence. NCCN Imaging AUC™ are available free of charge to registered users of NCCN.org and can be accessed at NCCN.org/ImagingAUC.

Evaluation and Management Proposals

The CY 2019 Draft Physician Fee Schedule rule proposes extensive changes to the evaluation and management visit system. NCCN appreciates CMS' effort to address provider concerns about unnecessary documentation and has proposed to reduce administrative burden in the CY 2019 draft Physician Fee Schedule. In particular, NCCN applauds CMS' proposal to require documentation of the patient's history only since the previous visit and to eliminate the unnecessary and wasteful requirement for physicians to re-document information that has already been documented. NCCN believes these proposals will enhance administrative efficiency allowing greater time for delivery of care.

While we appreciate and support the proposal to reduce burdensome and duplicative documentation requirements, NCCN has pressing concerns regarding the proposal to move to a blended payment rate for evaluation and management visits Levels 2-5 for new and established patients. This proposal will have detrimental consequences for patients with cancer who are most often seen at visit levels 4 or 5 which are paid at higher rates (\$167 and \$211 new patients, \$109 and \$148 established patients) than the proposed blended payment rate of \$135 for a new patient and \$93 for an established patient. Delivery of cancer care is complex and virtually all patients require a level 4 or 5 visit in order to provide an optimal cancer diagnosis and evidence-based cancer treatment. Shifting to a blended payment rate will penalize oncology and other specialties treating the sickest and most clinically complex patients.

In the CY 2019 Draft Physician Fee Schedule rule, CMS projects that hematology/oncology will lose 7% of current revenue and Radiation Oncology will see minimal change to overall payment. NCCN conducted a survey of member institutions to query the percentage of evaluation and management physician visits occurring at levels 1-5 at academic cancer centers across specialties for calendar year 2017. NCCN's survey, with 11 member institutions responding, finds that CMS' projections significantly underestimate the overall impact of this proposal on academic cancer centers. NCCN's survey results find that for the academic cancer centers responding, evaluation and management visits classified as level 4 comprise 27% of new patients and 42% of established patients and visits classified as level 5 comprise 49% of new

patients and 30% of established patients. The overall impact on revenue for these centers is projected to be a loss of 22% for new patient visits and 16% for established patient visits. If this proposal is finalized, significant resources will be shifted away from the sickest patients most in need of intensive, comprehensive, and specialized care.

NCCN agrees with CMS that reducing unnecessary documentation burden should be a priority to improve efficiency in care and appreciates CMS' support in this area. However, we urge CMS to reconsider the proposal to move to a blended payment rate as this would significantly impede patient access to high quality cancer care.

Electronic Communication Payments

In the CY 2019 Draft Physician Fee Schedule rule, CMS proposes to increase access for Medicare beneficiaries to physicians' services that are routinely furnished via communication technology by clearly recognizing a discrete set of services that are defined by and inherently involve the use of communication technology. The two codes CMS proposes to establish are 1.) GVC11: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient and 2.) GRAS1: Remote evaluation of recorded video and/or images submitted by the patient, including interpretation with verbal follow-up with the patient within 24 business hours. NCCN agrees with CMS that this initiative will increase patient access to services routinely furnished via communication technology and applauds CMS for this proposal. We thank CMS for taking steps to modernize the services available to Medicare beneficiaries.

Appropriate Use Criteria

As noted in our comment letter regarding the CY 2018 Physician Fee Schedule proposed rule, NCCN supported CMS' proposal to delay the implementation of the AUC Program for Advanced Diagnostic Imaging to give providers more time to become accustomed to consulting and reporting AUC. In the CY 2018 PFS final rule, CMS finalized the delayed start date of January 1, 2020 with a year-long educational and operations testing period for the Medicare AUC program for advanced diagnostic imaging services. CMS also established a voluntary period from July 2018 through the end of 2019.

For CY 2019, CMS included several proposals for continuing implementation. As a PLE for the AUC program, NCCN agrees with and applauds the CMS proposal to allow AUC consultation, when not personally performed by the ordering professional, to be performed by auxiliary personnel. This proposal enables increased efficiency as it relates to AUC consultation and compliance while mitigating potential burden on providers.

NCCN appreciates the opportunity to respond to the CMS CY 2019 Draft Physician Fee Schedule rule. We would welcome the opportunity to discuss our comments further and look forward to working together to ensure Medicare beneficiary access to high quality, high value cancer care.

Sincerely,

A handwritten signature in blue ink, appearing to read 'R. Carlson', is positioned above the printed name.

Robert W. Carlson, MD
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