September 7, 2017

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

RE: CMS-1676-P, Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) proposal for revisions to payment policies under the calendar year (CY) 2018 Physician Fee Schedule (PFS) as they relate 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. NCCN Clinical Practice Guidelines in Oncology® (NCCN Guidelines®) represent the standard of care for clinicians and policy makers. The NCCN Guidelines® and their derivatives help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. NCCN Guidelines are the recognized standard for clinical policy in cancer care and are the most thorough and frequently updated clinical practice guidelines available in any area of medicine. 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.

Additionally, in 2016, CMS recognized NCCN as a qualified provider-led entity (PLE) for the new Medicare Appropriate Use Criteria (AUC) Program for developing AUC and establishing policy and decision-making for diagnostic imaging in cancer patients. 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, 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 AUCTM on a continual basis to ensure that the recommendations take into account the most current evidence.

**Payment Rates for Non-excepted Off-campus Provider-Based Hospital Departments Paid Under the PFS**

Section 603 of the Bipartisan Budget Act of 2015 requires that certain items and services furnished by certain off-campus hospital outpatient provider-based departments (PBDs) should no longer be paid under the Hospital Outpatient Prospective Payment System (OPPS) beginning January 1, 2017. In CY 2017, CMS finalized the PFS as the applicable payment system for certain items and services furnished by certain off-campus hospital outpatient provider-based departments. For CY 2018, CMS proposes to reduce current PFS payment rates for these items and services by 50 percent. CMS currently pays for these services under the PFS based on a percentage of the OPPS payment rate. The proposal would change the PFS payment rates for these services from 50 percent of the OPPS payment rate to 25 percent of the OPPS rate. CMS refers to this adjustment as the “PFS Relativity Adjuster.”

As noted in our comment letter regarding the CY 2017 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment System Proposed Rule, where this provision was last proposed, **NCCN appreciates CMS’ effort to encourage fairer competition between hospitals and physician practices by promoting greater payment alignment, but is concerned that this payment rate reduction may have potential negative consequences for patients’ access to treatment.**

Specifically, NCCN is concerned that this proposal, if finalized, would negatively impact patient care as it could inadvertently penalize providers for providing services that were historically reimbursed at a higher rate under OPPS than would be under PFS. Additionally, for complex disease regimens such as cancer, these policies might force patients to travel to multiple sites of care for their treatment, which could cause non-adherence to treatment, delays in treatment and confusion on the part of patients, and ultimately impact outcomes of care. That is, a restriction to bill under the PFS would not only discourage providers from providing and billing additional services, such as chronic care management and care coordination, but would also be inconsistent with CMS’ overarching goal of trying to achieve higher quality, value-based care.

As such, **NCCN requests that CMS not finalize its proposed reduction in payment under the PFS for services provided in off-campus PBDs of hospitals and instead**
maintain the Adjuster at 50 percent unless more robust data becomes available to justify a lower payment rate.

**Appropriate Use Criteria for Advanced Diagnostic Imaging Services**

CMS proposes delaying implementation of the Medicare AUC Program for Advanced Diagnostic Imaging to allow practitioners more time to focus on and adjust to the Quality Payment Program (QPP). The Medicare AUC program is proposed to begin with an educational and operations testing year in 2019. While ordering and furnishing providers are required to start consulting and reporting AUC information on claims, CMS proposes to continue to pay claims for advanced diagnostic imaging services regardless of whether they correctly include this information. In the CY 2018 proposed rule, CMS solicits comments on whether the program should be delayed beyond the proposed start date of January 1, 2019, as well as whether a period of longer than a year is necessary for educational and operations testing.

**NCCN supports 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.**

We again appreciate the opportunity to respond to the CY 2018 PFS Proposed Rule. If you have any questions, we would welcome the chance to discuss our comments further on how we may work together to ensure access to high quality, high value care for patients with cancer.

Sincerely,

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National Comprehensive Cancer Network  
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