September 1, 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-1678-P, Medicare Program; CY 2018 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates

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 and quality provisions under the calendar year (CY) 2018 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System 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.

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 AUCTION™ are available free of charge to registered users of NCCN.org and can be accessed at NCCN.org/ImagingAUC.

Proposed Payment Adjustment for Certain Cancer Hospitals for CY 2018
For CY 2018, CMS proposes a payment-to-cost ratio (PCR) of 0.89 for 11 specified cancer hospitals. This proposal is consistent with past years’ methodology, taking into account changes made under the 21st Century Cures Act.

NCCN supports CMS’s continued efforts to ensure that these hospitals’ payment-to-cost ratios are not lower than other hospitals’ under OPPS, to ensure that they may continue to deliver high quality care.

Potential Revisions to the Laboratory Date of Service Policy
CMS is considering potential modifications to the Date of Service (DOS) policy that would allow laboratories to bill Medicare directly for molecular pathology tests and advanced diagnostic laboratory tests (ADLTs) which are excluded from the OPPS packaging policy and ordered less than 14 days following the date of the patient’s discharge from the hospital. This policy is commonly referred to as the “14-day-rule.” Specifically, CMS is soliciting comments on whether these tests are appropriately separable from the hospital stay that preceded the test, and therefore, should have a DOS that is the date of performance rather than the date of collection.

An unintended consequence of this rule is the financial incentive for laboratories to perform testing on day 15, or after, discharge in order to bill Medicare separately.1 In many cases, the complexities of these billing rules can lead to delays in the ordering of precision medicine tests, which can result in follow-on delays in test results and the initiation of treatment plans. This paradigm continues to negatively impact patients’ access to care and, in some cases, efficacy of treatment plans. As such, NCCN applauds CMS for revisiting its DOS policy and urges the agency to finalize its proposed modifications. More specifically, NCCN supports the creation of a new exception to the DOS policy for both molecular pathology tests and ADLTs. Applying this policy to both molecular pathology tests and ADLTs will facilitate improved patient access to care by encouraging appropriate and timely testing and treatment decisions so that patients and their providers can make the most informed treatment decisions.

We again appreciate the opportunity to respond to the CY 2018 OPPS and ASC Payment System 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,

[Signature]

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