September 24, 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-1695-P, Hospital Outpatient Prospective Payment Proposed Rule

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Prospective Payment Proposed Rule 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 AUCTM are available free of charge to registered users of NCCN.org and can be accessed at NCCN.org/ImagingAUC.
Cutting the Volume of OPPS Services and Dis-incentivizing the Expansion of Services at Off-campus Departments

In the CY 2019 OPPS Proposed Rule, CMS proposes to cap the OPPS payment at the Physician Fee Schedule (PFS) equivalent rate for non-excepted items and services furnished by a non-excepted off-campus Provider Based Department (PBD) for the clinic visit service. In CY 2019, for an individual Medicare beneficiary, the standard unadjusted Medicare OPPS proposed payment for the clinic visit is approximately $116, and the proposed PFS equivalent rate for Medicare payment for a clinic visit would be approximately $46 posing a significant cut of nearly 40%. Additionally, CMS proposes that if an excepted off-campus PBD furnishes services from any clinical family of services from which it did not furnish an item or service during a baseline period from November 1, 2014 through November 1, 2015, items and services from these new clinical families of services would not be excepted items and will be paid under the PFS-equivalent rate.

As noted in our comment letter regarding the CY 2017 OPPS Proposed Rule and the CY 2018 OPPS Proposed Rule, which also contained provisions to significantly cut OPPS rates, 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 patient access to comprehensive high quality cancer care.

Specifically, NCCN is concerned that this proposal, if finalized, would negatively impact patient care as it could inadvertently penalize providers for providing high quality, comprehensive services that were historically reimbursed at a higher rate under OPPS than would be under PFS. The services provided at these sites are often significantly more complex and comprehensive than care provided in other types of physician office settings. If finalized, this proposal may prevent expansions of the clinical families of services offered at an excepted facility from being reimbursed at the OPPS rate, which in turn would affect PBD’s abilities to offer and deliver the highest quality cancer care to patients.

Cancer care, in particular, is a field marked by multidisciplinary care and constant innovation; as technological and scientific advancements in care delivery occur, we urge CMS not to discourage providers’ abilities to offer what may not only be innovative care but also the highest standards of care, due to reimbursement issues as this outcome will be inconsistent with CMS’ overarching goal to achieve higher quality, value-based care. As such, NCCN requests that CMS not finalize its proposals to cap the OPPS payment for non-excepted items and services furnished by a non-excepted off-campus PBD for the clinic visit service and newly established clinical services at the PFS-equivalent rate.
NCCN appreciates the opportunity to respond to the CMS Hospital Outpatient Prospective Payment Proposed Rule. We 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,

[Signature]

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