November 15, 2019

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: Request for Information on the Future of Program Integrity

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Center for Program Integrity Request for Information on the Future of Program Integrity as it relates to NCCN’s mission of improving and facilitating, quality, effective, efficient, and accessible cancer care. Like CMS, NCCN is committed to ensuring and protecting Medicare beneficiary access to high-quality, timely, and appropriate care. NCCN appreciates the opportunity to comment and will focus our remarks on program integrity for value-based payment programs and prior authorization in Medicare Fee-For-Service (FFS).

NCCN Background

As an alliance of 28 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 and payers alike. 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 Library of Compendia products help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. The NCCN Drugs & Biologics Compendium (NCCN Compendium®) has been recognized by CMS and clinical professionals in the commercial payer setting since 2008 as an evidence-based reference for establishment of coverage policy and coverage decisions regarding off-label use of anticancer and cancer-related medications. NCCN was recognized by CMS in 2016 as a qualified Provider Led Entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program for the development of AUC and the establishment of policy and decision-making for diagnostic imaging in patients with cancer.
NCCN imposes strict policies to shield the guidelines development processes from external influences. The “firewall” surrounding the NCCN Guidelines processes includes: financial support policies; panel participation and communication policies; guidelines disclosure policies; and policies regarding relationships to NCCN’s other business development activities. The guidelines development is supported exclusively by the Member Institutions’ dues and does not accept any form of industry or other external financial support for the guidelines development program. The NCCN Guidelines are updated at least annually in an evidence-based process informed by expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and through a multitude of health information technology (HIT) vendors.

Program Integrity for Value-Based Payment Programs

NCCN appreciates CMS’ attention to safeguarding quality in value-based models in the Future of Program Integrity RFI. CMS notes that while concerns about overutilization of services may diminish within value-based models, new concerns regarding underuse and “stinting” may arise. NCCN agrees that this is an area for close attention and believes that requiring adherence to evidence-based guidelines can provide an important baseline for appropriate and high-quality care.

As previously mentioned, the NCCN Guidelines are transparent and continuously updated, ensuring Guidelines are reflective of the most current and comprehensive body of clinical evidence available. Numerous independent studies have proven that adherence to NCCN Guideline concordant care changes care delivery and improves outcomes for patients. Impacts proven through concordance with our Guidelines include: improved rates of survival for colon cancer, ovarian cancer, gastric cancer, nasopharyngeal cancer, and pancreatic cancer; decreased locoregional recurrence of melanoma; and improved pain control. The studies underscore the importance of guideline adherence as a baseline to ensure patient access to appropriate clinical care.

NCCN Guidelines are available free of charge online for non-commercial use and are licensed by more than 80 health information technology (HIT) vendors, ensuring ease of use within a variety of HIT systems. NCCN collaborates with HIT vendors to integrate the

---

NCCN Guidelines and compendia products allowing for access to evidence-based recommendations in the cloud or through Electronic Health Records (EHR) systems and chemotherapy treatment management modules. The integration of NCCN products into HIT helps to standardize cancer treatment protocols for use at point of care across all EHR technology utilized throughout the patient care continuum and offers a helpful tool for ensuring quality care within value-based models.

Several value-based models within oncology have already incorporated a requirement for guideline adherent care to safeguard quality within value-based models. The Oncology Care Model (OCM) Practice Transformation Requirements include the requirement that OCM practices “treat beneficiaries with therapies consistent with nationally recognized clinical guidelines” and the proposed Oncology Care First Model proposes to continue this requirement.

NCCN applauds CMS for appropriately considering methods to ensure patient access to quality care is not compromised under value-based payment. NCCN encourages CMS to utilize adherence to continuously updated, evidence-based, and nationally recognized clinical practice guidelines as a tool to prevent under-utilization within value-based models.

**Optimizing Prior Authorization Processes in Medicare Fee-For-Service**

CMS notes that commercial insurers may be using innovative approaches to strengthen program integrity including next generation strategies, technologies, and tools to act in real time rather than “chasing” the recovery of improper payments. The CMS RFI on the Future of Program Integrity specifically requests information on if and how clinical decision support mechanisms (CDSM) can be used in prior authorization processes. Additionally, CMS requests information on how prior authorization can be implemented in a way that does not exacerbate provider administrative burden. NCCN shares CMS’ concern that prior authorization as traditionally implemented creates significant administrative burden and often unnecessarily delays patient access to care. NCCN believes the use of a real-time CDSM that is informed by nationally-recognized, evidence-based guidelines can serve to ensure proper payment prospectively, reduce administrative burden, and ensure patient access to clinical appropriate, high-quality care.

A peer-reviewed, published study by United, eviCore and NCCN entitled “Transforming Prior Authorization to Decision Support” demonstrated mandatory adherence to NCCN Guidelines and NCCN Compendium® using a real time CDSM significantly reduced total and episodic costs of care while also reducing denials and increasing access to guideline concordant care. In Florida, United Healthcare adopted a prior authorization tool using NCCN real-time decision support over a one-year period and explored 4,274 eligible cases. At the conclusion of the study, United Healthcare found that adding decision support to prior authorization reduced denials to

---

1 percent. Additionally, despite reducing denials, when compared to
UnitedHealthcare’s cancer drug cost trends nationwide, the study found that mere
adherence to NCCN Guidelines and Compendium within the pilot reduced
chemotherapy drug cost trends by 20 percent; a savings of more than $5.3 million in the
state of Florida. Administrative burden was also reduced through the integration of the
decision-making tool as oncologists obtained immediate approvals online for 58 percent
of cases without any further interaction with the health plan required. Approval was
granted for 95 percent of the remaining cases requiring further interaction in less than
24 hours.

This study demonstrates that timely access to high-quality, guideline concordant cancer
care using real-time CDSM rather than traditional prior authorization significantly
reduces drug spend, minimizes administrative burden on providers, and protects patient
access. The model has been expanded to several additional national and regional
private payers and could be implemented throughout Medicare and Medicaid programs.

NCCN appreciates the opportunity to respond to the CMS Center for Program Integrity
Request for Information on the Future of Program Integrity. We encourage CMS to
continue and expand the use of continuously updated, nationally recognized, and evidence-
based clinical practice guidelines as a tool to ensure program integrity and beneficiary
access to clinically appropriate care within both value-based payment models and within
CDSMs as an alternative to traditional prior authorization processes. NCCN encourages
CMS to consider us as a resource and would be happy to meet to discuss our
recommendations further. We look forward to working together to ensure Medicare and
Medicaid beneficiary timely access to high-quality cancer care.

Sincerely,

Robert W. Carlson, MD
Chief Executive Officer
National Comprehensive Cancer Network
carlson@nccn.org  215.690.0300