January 14, 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: CMS- 2408-P Notice of Proposed Rulemaking (NPRM); Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Notice of Proposed Rulemaking (NPRM); Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care as it relates to NCCN’s mission of improving and facilitating, quality, effective, efficient, and accessible cancer care. NCCN supports CMS’ efforts to enhance flexibility to ensure the most meaningful measurement of network adequacy. However, NCCN has concerns that appropriate safeguards and oversight have not been outlined in detail to ensure patient access to a robust provider network and, ultimately, access to high-quality cancer care.

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. 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. Additional resources include the NCCN Chemotherapy Order Templates (NCCN Templates®) that outline chemotherapy, immunotherapy, supportive care
agents, monitoring parameters, and safety instructions based directly on recommendations within the NCCN Guidelines. NCCN continues to expand its library of chemotherapy order templates, as well as collaborate with health information technology (HIT) vendors to incorporate the templates into Electronic Health Record (EHR) as standard cancer treatment protocols for use at point of care.

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

The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and through a multitude of HIT vendors, and NCCN Guidelines and Library of Compendia products are utilized by commercial payers that represent more than 85 percent of covered lives in the United States. NCCN works with HIT vendors through permissions and licensing arrangements to utilize the NCCN Guidelines and the NCCN Compendium® when making decisions that impact patient access to appropriate therapy, including eviCore and CVS Health NovoLogix. NCCN is grateful for the opportunity to provide comment on this NPRM and will focus our comments on provisions that will have the most immediate impact on patient access to evidence-based, high-quality care.

**Network Adequacy Requirements**

Access to a robust provider network is a critical component of high-quality cancer care. The draft rule proposes to delete the requirements for states to set time and distance standards for network adequacy and to instead give states flexibility in developing a quantitative minimum access standard using a variety of measures. Quantitative standards that states may elect to use include, but are not limited to, minimum provider-to-enrollee ratios; maximum travel time or distance to providers; a minimum percentage of contracted providers that are accepting new patients; maximum wait times for an appointment; hours of operation requirements; and combinations of these quantitative measures. CMS also proposes to clarify that states have the authority under the final rule to define “specialist” in whatever way they deem most appropriate.

NCCN supports network adequacy standards that allow health insurance companies to negotiate appropriate rates with all high quality, high value providers, including academic cancer centers, which frequently see higher severity cases and offer best in class and innovative therapies as well as access to clinical trials. Academic cancer centers remain the backbone of oncology care, providing essential resources that patients with cancer may not be able to access in other settings of care; in turn, it is
imperative that access to academic centers is available—at affordable rates—via the provider networks in both the federal and state health insurance marketplaces.

NCCN recognizes the significant limitations of the current network adequacy criteria of time and distance and appreciates CMS’ focus on enhanced flexibility to allow for more appropriate measurement of network adequacy. However, NCCN has significant concerns that without appropriate safeguards and oversight, this enhanced flexibility could result in decreased patient access for Medicaid and CHIP beneficiaries to adequate networks, which is particularly important in oncology. Additionally, NCCN has concern that a reduced federal role in defining specialists may harm network adequacy and may lead to increased geographic disparities in patient access to appropriate specialists, including oncologists. NCCN encourages CMS to implement appropriate oversight mechanisms to ensure network adequacy is not compromised across states. NCCN encourages CMS to incorporate into network adequacy requirements additional guidance specific to cancer-related care, which tends to be multidisciplinary and often multisite, requiring close care coordination and adherence to established evidence-based guidelines to optimize outcomes in the highest quality and most cost-effective way.

NCCN appreciates the opportunity to respond to the CMS NPRM; Medicaid Program; Medicaid and CHIP Managed Care. We welcome the opportunity to discuss our comments further and look forward to working together to ensure timely access to high-quality cancer care.

Sincerely,

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 National Comprehensive Cancer Network
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