



National Comprehensive  
Cancer Network®

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**NCCN Member Institutions**

- Abramson Cancer Center  
at the University of Pennsylvania
- Fred & Pamela Buffett  
Cancer Center
- Case Comprehensive Cancer  
Center/University Hospitals  
Seidman Cancer Center and  
Cleveland Clinic Taussig  
Cancer Institute
- City of Hope National Medical Center
- Dana-Farber/Brigham and  
Women's Cancer Center  
Massachusetts General Hospital  
Cancer Center
- Duke Cancer Institute
- Fox Chase Cancer Center
- Huntsman Cancer Institute  
at the University of Utah
- Fred Hutchinson Cancer  
Research Center/  
Seattle Cancer Care Alliance
- The Sidney Kimmel  
Comprehensive Cancer  
Center at Johns Hopkins
- Robert H. Lurie Comprehensive  
Cancer Center of Northwestern  
University
- Mayo Clinic Cancer Center
- Memorial Sloan Kettering  
Cancer Center
- Mollitt Cancer Center
- The Ohio State University  
Comprehensive Cancer Center -  
James Cancer Hospital and  
Solove Research Institute
- O'Neal Comprehensive  
Cancer Center at UAB
- Roswell Park Comprehensive  
Cancer Center
- Siteman Cancer Center  
at Barnes-Jewish Hospital  
and Washington University  
School of Medicine
- St. Jude Children's  
Research Hospital/  
The University of Tennessee  
Health Science Center
- Stanford Cancer Institute
- UC San Diego  
Moore's Cancer Center
- UCSF Helen Diller Family  
Comprehensive Cancer Center
- University of Colorado  
Cancer Center
- University of Michigan  
Rogel Cancer Center
- The University of Texas  
MD Anderson Cancer Center
- University of Wisconsin  
Carbone Cancer Center
- Vanderbilt-Ingram  
Cancer Center
- Yale Cancer Center/  
Smilow Cancer Hospital

March 17, 2020

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 Coordinating Care from Out-of-State Providers for  
Medicaid-Eligible Children with Medically Complex Conditions

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to respond to the Centers for Medicare & Medicaid Services (CMS) Request for Information (RFI) on Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions as it relates to NCCN's mission to improve and facilitate quality, effective, efficient, and accessible cancer care. NCCN appreciates the opportunity to respond and will emphasize the importance of care coordination; recommend including children with cancer in the defined patient population; and comment on the barriers to accessing and providing out-of-state cancer care as it relates to this RFI.

**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 apply to over 97 percent of cancers affecting patients in the United States. 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. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and available through a multitude of HIT vendors. 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.

## **Importance of Care Planning and Coordination Services**

NCCN believes cancer care planning and coordination services are a critical component of high-quality cancer care and are vital to supporting patient-physician communication, patient-centered care, and shared decision making. NCCN has long recognized the importance of patient-provider communication and education in cancer care. Over the last two decades, NCCN has developed a collection of resources and programs to support and educate stakeholders across the oncology spectrum, including physicians, researchers, nurses, policymakers, industry, payers, patients, and patient advocates. NCCN publishes a library of NCCN Guidelines for Patients® based directly on the information found in the NCCN Guidelines® to provide patients with the same information their doctors use in easy-to-understand language. NCCN understands that high-quality cancer care is only possible when patients are well informed on their treatment options and engaged in a shared decision-making process with their healthcare provider.

Cancer care planning as an element of quality cancer care has been endorsed by the Institute of Medicine (now the National Academy of Medicine) and included as a practice improvement initiative in the Oncology Care Model, an ongoing Center for Medicare and Medicaid Innovation (CMMI) cancer care demonstration project. NCCN applauds CMS for considering opportunities to support the implementation of care coordination services across states for Medicaid-eligible children with medically complex conditions. To best support access to quality cancer care across state lines, NCCN recommends that CMS explicitly include cancer within the eligibility criteria to define children with medically complex conditions.

## **Barriers to Accessing and Providing Out-of-State Care**

NCCN Member Institutions, as representatives of large academic medical centers and tertiary referral centers for which coordinated pediatric care is required, report barriers related to providing care for out-of-state Medicaid patients. A significant barrier noted by Members is the state-by-state variability around enrollment and authorization as a Medicaid provider. Specifically, Members note that enrollment variation and complexity delays the timing of care, which can cause increased stress and discomfort among patients and their loved ones. Cancer care tends to be multidisciplinary and often multisite, requiring close care coordination and adherence to evidence-based guidelines to optimize outcomes in the highest quality and most cost-effective way. NCCN recommends CMS include guidance to streamline the process for care delivery organizations and providers to enroll as a Medicaid provider in the reimbursing state. The most streamlined solution may be to direct states to recognize the enrollment status of providers enrolled in their own state Medicaid program, thereby circumventing burdensome and often duplicative paperwork requirements.

NCCN recommends CMS also consider the various difficulties faced by patients and their caregivers around medical transportation and access to appropriate specialist providers. This RFI applies specifically to children receiving services out of state, and transportation issues are compounded for this population. Numerous studies have found transportation is a significant barrier to access for cancer care in the United States.<sup>1</sup> NCCN Members report that transportation when serving out of state Medicaid patients is typically limited in scope; payment systems only allow a patient be transferred from a lower care setting to a higher one, thus barring transfers back to a lower care setting or to their home state for continued treatment. This is a particular concern for Medicaid beneficiaries residing in rural areas across the country and for patients with rare, advanced, or complex cancers that require care at a specialized high-quality academic cancer center.<sup>2</sup>

NCCN appreciates the opportunity to respond to the CMS RFI on Coordinating Care from Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions. NCCN appreciates CMS' willingness to consider feedback from diverse stakeholders prior to the dissemination of guidance to state Medicaid programs. 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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<sup>1</sup> Guidry JJ, Aday LA, Zhang D, Winn RJ. Transportation as a barrier to cancer treatment. *Cancer Pract.* 1997;5(6):361-366.

<sup>2</sup> Charlton, M, et al. Challenges of rural cancer care in the United States. *J Oncology* 2015; 29 (9)