CANCER LEADERSHIP COUNCIL

**A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS
ADDRESSING PUBLIC POLICY ISSUES IN CANCER**

September 6, 2016

Andy Slavitt
Acting 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-1654-P, Revisions to Payment Policies Under the Physician fee Schedule and Other Revisions to Part B for CY 2017

Dear Mr. Slavitt:

The undersigned organizations representing cancer patients, physicians, and researchers share a commitment to the delivery of patient-centered cancer care that includes a strong system for care planning and coordination. Our comments below urge payment standards that will foster cancer care with these patient-focused attributes.

We have evaluated the proposed revisions to the physician fee schedule affecting payment for cancer care in the context of a change in payment for certain oncologists and a possible revision for all, changes that are outside the context of Physician Fee Schedule modifications. The Oncology Care Model will encourage and evaluate the patient-centered oncology medical home model in a limited number of practices, and the proposed Medicare Part B drug demonstration may affect the payment for cancer drugs, ultimately for all providers if it moves forward as proposed. The Oncology Care Model will test an episode of care model that may ensure patients in a relatively limited number of practices access to care that reflects their treatment wishes, is well-planned, and is coordinated across all providers. The effects of the Part B drug program will not be understood until the terms of the program are finalized.

The guiding principles of the Oncology Care Model, emphasizing coordination of care across episodes of care, are principles that we would like to see reflected in the fee-for-service system for those providers (and their patients) who are not enrolled in the Oncology Care Model. We urge additional enhancements of the physician fee schedule to encourage care planning and management for cancer patients and survivors.

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Improving Payment Accuracy for Care Management and Patient-Centered Services

In the proposed rule, the Centers for Medicare & Medicaid Services (CMS) stated:

> In recent years, we have undertaken ongoing efforts to support primary care and patient-centered care management within the PFS as part of HHS' broader efforts to achieve better care, smarter spending and healthier people through delivery system reform.

The Cancer Leadership Council has lent its support to the care management efforts that have been accomplished as Physician Fee Schedule revisions. These efforts have included the transitional care management (TCM) and chronic care management (CCM) codes. In addition to lending our support to the codes, we have offered recommendations for fostering the use of these codes by cancer care providers.

We have also strongly encouraged the inclusion in the Physician Fee Schedule of a code for cancer care planning and management. We have advanced the position that the chronic care management codes could have been revised to be more responsive to the needs of cancer patients but that a cancer care planning and management code would be preferable. We are not focusing on a separate and distinct cancer care planning and management code in these comments related to 2017 payment issues, but we are not abandoning the overall effort to achieve this enhancement of the Physician Fee Schedule in the future. Instead, we are commenting on the proposed Physician Fee Schedule revisions that might improve patient-centered cancer care in 2017.

We see promise that the chronic care management codes could encourage better care for Medicare beneficiaries who have completed active treatment. Many of those patients face multiple late and long-term effects from their cancer and cancer treatment, and optimal systems of care for them include care plans that emphasize surveillance, follow-up monitoring, and appropriate management of their late effects. These beneficiaries include senior citizens who are experiencing late and long-term effects soon after treatment or many decades after active treatment. They may also include survivors of childhood, adolescent, or young adult cancer who receive Medicare benefits because they are on Social Security Disability.

We support the proposals advanced by CMS to improve patient-centered care and care management, including these revisions of the Physician Fee Schedule:

- Recognizing CPT code 99358, for prolonged evaluation and management service before and/or after direct patient care, first hour, and CPT code 99359, prolonged evaluation and management service before and/or after direct patient care, each additional 30 minutes. CMS explains the codes, "We agree that these codes would provide a means to recognize the additional resource costs of physicians and other practitioners when they spend an extraordinary amount of time outside the in-person office visit caring for the individual needs of their patients." We believe this describes the situation that

cancer care providers face in planning and managing their patients' cancer care, and it is our hope that separate payment for these two codes may provide more appropriate payment for those services.

- Reducing the administrative burden associating with the chronic care management codes to remove barriers to billing for these services. CMS has acknowledged possible underutilization of chronic care management services, based on the number of eligible Medicare beneficiaries. We had hoped, when the chronic care management service was included in the Physician Fee Schedule, that it would be utilized for management of cancer care for those who have chronic conditions in addition to their cancer diagnosis. We saw particular potential for the use of this code in connection with survivorship care management.

  As the result of efforts to address certain administrative burdens associated with the codes, we hope that utilization of the codes will increase, including for care planning and management for cancer survivors. We lend our support to the overall effort to reduce the burdens associated with the chronic care management code, even though we have reservations about some of the changes in the standards for the codes. CMS proposes to allow providers to accomplish timely sharing of the care plan by fax transmission. We urge greater clarity about "timely" access and question whether fax transmission is the best means of sharing the care plan. The proposed rule would also permit the provider to document in the patient's medical record that consent for chronic care management services has been obtained. It is important that there be a meaningful conversation between provider and patient, to ensure that the patient understands the scope of chronic care management services, the limits of the services, and the fact that cost-sharing will be assessed for the services.

- Establishing a new G-Code to improve payment for visits that are considered initiating visits for chronic care management services. CMS has retained the requirement that there be an initiating visit before chronic care management services are provided. This initiating visit is described as important for establishing the beneficiary's relationship with the billing provider for chronic care management services and for collection of comprehensive health information to inform the care plan. We hope that the G-code will eliminate the possibility that the initiating visit may serve as an impediment to chronic care management.

We appreciate the opportunity to comment on the revisions to the Physician Fee Schedule for 2017. We will remain in close touch with the agency as this and other reforms to cancer care payment move forward, to ensure that the interests of cancer patients are full considered.

Sincerely,

Cancer Leadership Council

American Society of Clinical Oncology
Cancer Support Community
Children's Cause for Cancer Advocacy
Fight Colorectal Cancer
International Myeloma Foundation
Kidney Cancer Association
The Leukemia & Lymphoma Society
LIVE**STRONG** Foundation
Lymphoma Research Foundation
National Coalition for Cancer Survivorship
Ovarian Cancer Research Fund Alliance
Prevent Cancer Foundation
Susan G. Komen