CMS Urged to Drop Proposal That Would Further Reduce Medicare Resources for Most Complex Beneficiaries, Including Those with Cancer

ASCO Submits In-Depth Comments Highlighting Concerns and Outlining Potential Solutions in Response to Proposed 2018 Physician Fee Schedule and Quality Payment Program Rule

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Contact
Melissa Lee
(571) 483-1661
Melissa.Lee@asco.org

Alexandria, Va. – The American Society of Clinical Oncology (ASCO) warns that certain provisions of the 2019 Medicare Physician Fee Schedule (MPFS) proposed rule will undermine access to cancer care for Medicare beneficiaries through a combination of payment reductions under the MPFS. In a detailed comment letter to the Centers for Medicare & Medicaid Services (CMS), ASCO fully outlines its concerns with the proposal and recommends specific steps be taken to ensure changes proposed in the rule do not endanger Medicare beneficiary access to cancer care.

“For long-term success, Medicare must change course and develop payment policies to support rather than weaken the provision of cancer care in the United States,” writes ASCO President Monica M. Bertagnolli, MD, FACS, FASCO, in the letter to CMS. “We urge CMS to refrain from finalizing any proposals that would result in any cuts in payments for cancer services and to work collaboratively with ASCO to implement global payment reforms, including the development and implementation of new APMs (Alternative Payment Models) that are widely available to all cancer professionals.”
The extensive ASCO comment letter makes the following points:

1. 2019 Medicare Physician Fee Schedule
   - ASCO opposes any policy changes to the documentation and payment of evaluation and management (E&M) services that will directly or indirectly result in aggregate reductions in the resources devoted to cancer care.
   - ASCO supports the proposal to reduce documentation burdens for E&M services but urges CMS not to pair it with reductions in payment that will negatively impact patient access to care. Reducing administrative burdens should not come at the expense of resources dedicated to cancer care.
   - ASCO urges CMS to withdraw the proposal to consolidate E&M payments and to create add-on codes for inherent visit complexity because it will reduce the resources that Medicare dedicates to its most complex patient populations—including patients with cancer.
   - ASCO opposes any changes to the indirect practice expense methodology to accommodate the flawed E&M payment policies because they would create unsustainable reductions in payment for drug administration and other services routinely delivered in cancer care.
   - ASCO appreciates that the agency does not intend to apply the proposed Multiple Procedure Payment Reduction (MPPR) to drug administration services and opposes any potential expansion of the MPPR that could apply to drug administration services delivered on the same date of service as an E&M visit.
   - ASCO urges CMS not to finalize the proposed reduction in the add-on rate for Part B drugs subject to payment through the Wholesale Acquisition Cost (WAC) methodology, but to instead focus on pursuing comprehensive solutions that drive value-based cancer care.
   - ASCO supports expanding coverage and reimbursement for services that do not require face-to-face interactions and urges CMS to finalize its proposal to pay for Virtual Check-Ins, Remote Evaluation of Pre-Recorded Patient Information, and Interprofessional Internet Consultations.

2. Additional Changes in Part B Payment Policy
   - ASCO urges CMS to continue implementation of the appropriate use program for diagnostic imaging in an incremental manner. ASCO supports gradual expansion of the Appropriate Use Criteria (AUC) program, including an educational and operational testing period in 2020.

3. 2019 Quality Payment Program
   - ASCO appreciates the agency’s prompt implementation of the exclusion of Part B drug payments from the Merit-Based Incentive Payment System (MIPS) payment adjustment and the eligibility calculation for the low-volume threshold.
   - ASCO urges CMS to exclude all drug costs from the assessment of cost performance and refrain from increasing the weight of the cost performance category in the MIPS scoring methodology until the agency implements a cost measurement methodology that fairly and accurately assesses resource use in cancer care.
ASCO urges CMS to prioritize developing episodes of care that are capable of fairly and accurately evaluating the cost of medical oncology services.

ASCO encourages CMS to provide more complete feedback in response to improvement activity nominations to ensure nominating parties receive a clear justification of the agency’s rationale for including or excluding nominated activities in the improvement activity inventory.

ASCO commends CMS for reforming the Promoting Interoperability (PI) performance category measures to emphasize the exchange of health information.

ASCO supports the removal of the Base Score and encourages the agency to complete its transition away from “all-or-nothing” scoring in the PI performance category by removing the requirement for MIPS participants to report data on each PI measure.

ASCO encourages CMS to reconsider including the Verify Opioid Treatment Agreement measure as either a bonus or mandatory measure in the PI performance category and recommends the agency reassign this activity to the Practice Improvement category of MIPS.

ASCO urges CMS to withdraw its proposal that would require Qualified Clinical Data Registries (QCDRs) to enter a licensing agreement with CMS as a condition for approving QCDR quality measures.

ASCO urges CMS to standardize the timeline for removing topped-out QCDR measures and MIPS measures to reporting in the MIPS Quality Reporting category.

ASCO urges CMS to adopt the Patient Centered Oncology Payment (PCOP) Model as an Advanced Alternative Payment Model to promote ongoing patient access to cancer care and foster new value-based approaches to cancer care.

ASCO supports the implementation of the Medicare Advantage Quality Improvement (MAQI) Demonstration Program to exclude professionals that participate in value-based arrangements with Medicare Advantage Organizations from MIPS reporting and the MIPS payment adjustments.

The Case for More Advanced APMs in Oncology

In ASCO’s view, there is an urgent need to increase the number of Advanced APMs in oncology. “The current Medicare fee-for-service policies are over-reliant on an outdated coding system that does not provide reimbursement to support services that are essential for high-quality and high-value cancer care. These services include patient management, care-coordination and other supportive services that are necessary to optimize outcomes for cancer patients,” writes Dr. Bertagnolli in the letter.

ASCO’s PCOP model is designed to address the many challenges facing the cancer care delivery system today, since it adheres to value-based clinical pathways, and better aligns physician reimbursement with the full range of services needed to treat patients with cancer.
ASCO has long held that multiple Advanced APMs are needed in oncology to promote patient access to care and foster value-based approaches to treating cancer. ASCO urges CMS to expand and promote strategies that support oncology care, and in turn, some of the most complex—and costly—conditions Medicare beneficiaries face. Innovation that comes from designing alternative payment models would enhance both the quality and cost effectiveness of the care patients receive.

Read the full comment letter.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.