

CANCER LEADERSHIP COUNCIL

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

September 16, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue
Washington, DC 20201

Re: CMS-5527-P, Medicare Program, Specialty Care Models to Improve Quality of Care and Reduce Expenditures

Dear Administrator Verma:

The undersigned organizations representing cancer patients are writing to provide advice regarding the proposed Radiation Oncology Alternative Payment Model (RO Model). We appreciate the opportunity to comment on the RO Model and to offer advice about enhancing the quality of care in the model. We support design and implementation of a new prospective episode-based payment system to assess whether it will preserve or enhance the quality of care for Medicare beneficiaries.

Protecting Patient Access to Radiation Therapy Services

We applaud the effort to move payment for radiation oncology services from a volume-based to a value-based system, and we also support the efforts to restrain Medicare expenditures. We support restraint in spending for its salutary effect on beneficiary cost-sharing, and we also support spending restraint to assure the long-time viability of Medicare as a payer of quality cancer care. However, in launching the new model, the Centers for Medicare & Medicaid Services (CMS) must ensure that the proposed payment methodology – and especially the discount factors – do not have a negative impact on patient access to high quality care.

We are concerned that the proposed payment methodology will result in payments that will adversely affect capital expenditure decisions and as a result will affect patient access to technological advances. We also have reservations about the adequacy of payment for patients receiving multi-modality treatments and as a result are concerned about access to combination therapy in the long term.

The agency should provide a new technology process that would pay on the basis of the fee schedule for a period of time. However, it is most important that the proposed payment methodology be adjusted with patient access issues in mind.

Patient Notice Regarding RO Model

We urge the agency to consult with patient stakeholders regarding the contents of the notice that is provided to beneficiaries whose radiation oncologists are participating in the RO Model. Several key issues must be addressed in the patient notice, and patient advocacy organizations can advise about those issues and how they are addressed in the notice. Many of the signatories to this letter have comparable experience in connection with the Oncology Care Model and can share that experience to strengthen the notice to patients in the RO Model.

Of special importance to beneficiaries is their cost-sharing in the RO Model, because at the very least the timing of cost-sharing will change under the model. In addition, as we detail below, cost-sharing may in fact increase for some beneficiaries, compared to their responsibility under the fee-for-service system of payment. Patients must be aware of that possibility, or the model must be revised and refined to ensure that patients are held harmless in their cost-sharing.

Beneficiaries whose providers are participating in the RO Model may be receiving care from a physician in the Oncology Care Model, and the notice to them should address the fact that they may be participating through their providers in multiple Medicare payment models. We understand that participation in multiple alternative payment models should cause no disruption in care delivery and that quality should be maintained or boosted. Nonetheless, beneficiaries should receive full notice regarding their participation in multiple models.

We understand that beneficiaries will be permitted to decline to share their data. We hope that beneficiaries will in fact share their data, as collection and analysis of data will be critical to understanding the operation of the RO model and its impact on spending, quality of care, and patient satisfaction. The beneficiary notice must be carefully and directly worded in order to inform patients of all of their rights and also to encourage them to share data. As we have stressed above, the patient organizations who are signatory to this letter – and many other organizations – are ready and willing to offer advice regarding the notice and to guarantee that it fully informs patients but also reassures them about participation and data-sharing.

Addressing Issues of Patient Cost-Sharing in the RO Model

Beneficiaries are required to pay 20 percent of allowed charges for radiation services that are provided to them. This basic requirement will not change for beneficiaries whose care is provided by health care professionals participating in the RO Model. However, the timing of cost-sharing will be changed, because two payments will be provided to professionals in the model. For those beneficiaries with secondary insurance, the impact of this billing change will primarily be one of timing. For those beneficiaries without secondary insurance, providers are encouraged to establish payment plans that will permit beneficiaries to pay their cost-sharing in multiple installments.

We understand that for certain beneficiaries who receive a relatively short course of treatment, the bundled payment for radiation therapy as calculated for the RO Model might be greater than they would pay on a fee-for-service basis (that is, if they were not in the RO Model). As a result, their cost-sharing in the RO Model would exceed their cost-sharing for fee-for-service care. This result may occur relatively infrequently, but we recommend that ALL beneficiaries

who find themselves in this situation be held harmless. In other words, their cost-sharing should be that associated with fee-for-service billing, if it is less than in the RO Model.

Voluntary or Mandatory Models

Although the condition that a model is voluntary or mandatory may not be an obvious patient advocate concern, we in fact favor alternative payment models that are voluntary, at least at the outset of the model's term. The signatory organizations have experience working in collaboration with cancer care providers in the design and implementation of alternative payment and delivery models, including the Oncology Care Model and also a number of additional patient-centered medical home models.

In our experience, the best early test of a new payment and delivery model is with health care professionals who are committed to the new model, who have already initiated efforts to move their practice from volume to value, and who have invested in the difficult transition to a value-based delivery system. We understand that CMS, as a cancer care payer, has a different perspective and an interest in more rapid uptake of a new model. We think that the goal of CMS – broad-based acceptance and participation in a new model – can be accomplished by an early test through voluntary participation.

We appreciate the opportunity to comment on the RO Model. To ensure that principles of patient-centeredness are honored in the final design of this model, we urge that patients and patient advocates be consulted on critical issues of design, including beneficiary notification of participation and information regarding patient cost-sharing.

Sincerely,

Cancer Leadership Council

Academy of Oncology Nurse & Patient Navigators
CancerCare
Cancer Support Community
Fight Colorectal Cancer
International Myeloma Foundation
LUNgevity Foundation
Lymphoma Research Foundation
National Coalition for Cancer Survivorship
Ovarian Cancer Research Alliance
Sarcoma Foundation of America
Susan G. Komen