ASTRO
TARGETING CANCER CARE

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January 12, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4182-P
P.O. Box 8013
7500 Security Boulevard
Baltimore, MD 21244-8013

Submitted electronically: http://www.regulations.gov

Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program

Dear Administrator Verma,

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments on the "Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program" published in the Federal Register as a proposed rule on November 28, 2017.

ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers. They treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.

The proposed rule updates the Medicare Advantage (MA) program (Part C) and the Prescription Drug Benefit Program (Part D) effective January 1, 2019. Additionally, in the proposed rule, CMS requests recommendations on ways the Agency can address unnecessary burdens physicians experience when producing medical record documentation for MA plans. The Agency specifically requested information on the extent of the record requests and ideas for improving the overall MA record request process. In this letter, ASTRO seeks to respond to CMS' solicitation for comments on reducing provider burden associated with medical record documentation requests made by MA organizations, particularly requests made by third party organizations such as radiation oncology benefit management (ROBM) companies.

<u>Radiation Oncology Benefit Management (ROBM) Companies</u>
ASTRO appreciates CMS' interest in reducing administrative burden as it results in higher quality care and a more efficient health care system. In recent years, ROBMs have entered the radiation oncology marketplace to manage private insurer payments to providers for radiation therapy services. Through

their proprietary medical policies and authorization procedures, ROBMs evaluate and approve radiation treatment courses as a condition of payment to the provider. Some private payers, such as UnitedHealth Care, have also incorporated ROBMs into the management of Medicare Advantage populations.

We expect this trend to expand, which is troublesome for Medicare beneficiaries and their providers, because frequently these ROBMs are disregarding existing National and Local Coverage Determination policies in favor of more restrictive policies that result in delayed care and high rates of inappropriate denials that are frequently overturned.

ROBMs that operate on behalf of Medicare Advantage Plans should be required to acknowledge the National and Local Coverage Determinations issued by CMS. These coverage policies are adhered to by the various Medicare Administrative Contractors and should also be adhered to by Medicare Advantage plans, as well as the ROBMs they employ.

ASTRO endorses professionally developed and vetted clinical practice guidelines, appropriateness of care criteria and consensus-based model policies developed in a transparent manner with peer review and input as the foundation for clinical decision making. However, too often physicians face overly restrictive ROBM guidelines that oversimplify the process of individual patient management and abrogate the professional judgments that are often only possible within the private boundaries of a direct patient-doctor relationship.

Additionally, ASTRO supports the Prior Authorization and Utilization Management Reform Principles[1] developed by the AMA and other physician groups. These principles emphasize the clinical validity of benefit manager policies, allow needed care to continue during reviews, provide transparency and fairness on policies and process, timely reviews that don't add administrative burden, and a focus on outlier physicians only.

ASTRO has received numerous complaints regarding ROBMs due to increases in denials and delays in preauthorization, treatment or payment. These activities have often caused distressing delays in care for cancer patients, as well as increased costs for providers and their practice staff who must navigate tedious authorization processes. ASTRO members have shared specific accounts of delays in treatment and payment and inadequate peer-to-peer reviews of contested cases.

Specifically, we request that Medicare Advantage health plans follow the same prior authorization requirements and processes as does Medicare for its determinations of benefits. This would mean that coverage and payment for a specific service would be governed by the documentation requirements as stated within active Local and National Coverage Determinations (if available for the service for which prior authorization is requested) and not by the health plan's or the ROBM's policies. In our observations, private insurers and ROBM's do not distinguish between MA products and commercial products insofar making medical record demands which are well in excess of what Medicare requires. As a result, patients who would otherwise be Medicare beneficiaries are restricted from the timeliness and access to care to which they are entitled. We urge CMS to reign in this activity through its authority to regulate Medicare Advantage plans, as ROBM activity is increasingly burdensome and ultimately jeopardizes the quality of cancer care.

[1] https://www.ama-assn.org/sites/default/files/media-browser/principles-with-signatory-page-for-slsc.pdf

Thank you for the opportunity to comment on this proposed rule. We look forward to continued dialogue with CMS officials. Should you have any questions on the items addressed in this comment letter, please contact Anne Hubbard, Director of Health Policy, at 703-839-7394 or Anne.Hubbard@ASTRO.org.

Respectfully,

Laura I. Thevenot
Chief Executive Officer