



September 6, 2013

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1600-P: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014

Submitted electronically at <http://www.regulations.gov>

Dear Ms. Tavenner:

The National Coalition for Cancer Survivorship (NCCS) is a national organization representing survivors of all forms of cancer. We focus on public policy advocacy to improve cancer care delivery and payment policies so that all cancer patients have access to care of the highest quality. We appreciate the opportunity to comment on the proposed rule that addresses Medicare Part B payment policies for calendar year 2014.

Complex Chronic Care Management Services

NCCS commends the efforts of the Centers for Medicare & Medicaid Services (CMS) to encourage care management, which “contributes to better health for individuals and reduced expenditure growth.” Efforts to foster care management include the Medicare Shared Savings Program, accountable care organizations, patient-centered medical home experiments, and other demonstration efforts. In addition to these public and private demonstrations and research initiatives, CMS has proposed refinements to the physician fee schedule that will promote care management.

The transitional care management services codes that were implemented on January 1, 2013, represented an important payment reform to encourage care planning and coordination after discharge of patients from acute facilities. In its comments regarding the calendar year 2013 physician fee schedule update, NCCS anticipated that the transitional care management service would provide crucial care to certain cancer patients, and we urged that CMS clarify that the codes might be utilized by specialists who plan and manage survivorship care for those patients who have received care in the hospital. However, we also noted that the standards and requirements associated with delivery of transitional care management would prevent many cancer patients from receiving these important care planning and coordination services, as many cancer patients are treated in physician offices and never receive care as hospital inpatients.

We are pleased that CMS has proposed, for implementation in 2015, additional reforms of the physician fee schedule to improve care management. The proposed payment for non-face-to-face complex chronic care management services represents an acknowledgement of the amount of time and the comprehensive and complicated coordination and planning services that are required -- outside the scope of evaluation and management (E/M) services -- to manage patients with multiple complex chronic conditions.



NATIONAL COALITION
FOR CANCER SURVIVORSHIP

The power of survivorship. The promise of quality care.

We generally support the standards that CMS has proposed for billing for the complex chronic care management service, including use of certified electronic health records, use of written protocols in delivery of services, and consent from the patient for care management. In the year before implementation of the care management code, CMS should consider the advice about the code that it will receive in comments to this proposed rule and outside the formal comment period. For example, there may be means of informing patients that they are receiving a care management service and obtaining their consent that will not create a significant burden on providers or confusion for patients.

We also recommend that the agency consider a range of approaches – in addition to the annual wellness visit—for capturing the information necessary for developing a care plan. This information includes the patient’s current health care providers and an assessment of the patient’s health status and health care needs.

It is likely that cancer survivors will be among those Medicare beneficiaries who will be provided complex chronic care management services. Cancer has been transformed into a chronic condition for many seniors, who have additional chronic conditions that would combine to qualify them for the proposed new management service. We recommend that, for cancer patients, CMS consider the delivery of cancer care planning and coordination as the appropriate prerequisite for complex chronic care management. Moreover, we recommend that such a care planning service be established, separate and apart from E/M services, for implementation in 2015 alongside the complex chronic care management code.

There are indications from innovative cancer practices that are providing cancer care planning and coordination services that such services enhance the overall quality of care for cancer patients and rationalize the use of health care resources. The cancer care planning service is akin to the anticipated complex chronic care management service in that certain of the work in developing the plan will not be face-to-face work, although a face-to-face meeting for discussion and treatment decision-making is a core element of cancer care planning. A care planning service provided to a cancer patient to assist in informed decision-making and care coordination will improve the individual’s care experience and the health care system; the cancer care planning service will also maximize the benefits of the complex chronic care management service to the individual and the care system.

We applaud CMS efforts to improve health care payment and delivery through reforms of the physician fee schedule. For those cancer patients who rely on Medicare – half of all cancer survivors – efforts to strengthen cancer care planning and coordination will improve their quality of care.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Fuld Nasso".

Shelley Fuld Nasso
Senior Director of Policy

A handwritten signature in black ink, appearing to read "Ellen L. Stovall".

Ellen Stovall
Senior Health Policy Advisor