NATIONAL COALITION FOR CANCER SURVIVORSHIP

September 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1784-P, Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies

Dear Administrator Brooks-LaSure:

The National Coalition for Cancer Survivorship (NCCS) in its programs, activities, and advocacy seeks to ensure that all cancer patients have access to quality care from the time of diagnosis and through the entire treatment and survivorship trajectory. We are pleased to offer comments on the calendar year 2024 Medicare physician fee schedule proposed rule.

Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services)

We strongly support the proposals for new codes for community health integration (CHI), social determinants of health (SDOH) risk assessment, and principal illness navigation (PIN) services. We believe that these codes will strengthen Medicare services for people with cancer and certain other Medicare beneficiaries, and our comments focus on implementation of these codes to ensure that they are utilized by Medicare providers and that beneficiaries enjoy the improvements in care related with the use of the codes. We also recommend a sixth new code for cancer care planning, a code and service that will enhance the delivery of PIN and CHI services.

The Centers for Medicare & Medicaid Services (CMS) describes the five proposed codes as supportive of the agency's pillars for equity, inclusion and access and also supportive of the White House Cancer Moonshot Initiative. The codes are a continuation of an effort by CMS to improve coding and payment for care management and coordination. We have supported these are coding efforts , and we share the view of the agency that these codes, if utilized, hold the promise of improving care management and coordination for Medicare beneficiaries.

CMS notes that it has received significant advice from experts about the benefits of navigation. A recent analysis of systematic navigation reviews and primary navigation studies and an accompanying editorial capture the sentiment of the cancer community – patients, caregivers, providers, and researchers – that there is sufficient evidence to support availability of navigation services for every cancer patient.[1] The

[1] Chan RJ, Milch VE, Crawford-Williams F. et al. Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature. CA: A Cancer Journal for Clinicians. 10.3332/cacc.21788. 8.23.2023; Paskett ED, Battaglia T, Calhoun EA, et al. Isn't there enough evidence on the benefits of patient navigation? CA: A Cancer Journal for Clinicians. 10.3322/cacc/21805. 8.23.2023.

feedback about the cancer care system that NCCS receives through its annual State of Cancer Survivorship Survey of patients confirms that stronger management and coordination efforts might improve the cancer care experience for Medicare beneficiaries and improve their overall quality of life.

Implementation and Utilization of SDOH Risk Assessment, PIN Services, and CHI Services

We support many of the decisions that CMS has made in offering new codes for SDOH Risk Assessment, PIN Services, and CHI Services. However, we offer advice about certain elements of the PIN and CHI services, to ensure widespread utilization and to protect the quality of the services.

Training – We are pleased that the agency has suggested that Medicare providers should consider auxiliary personnel to offer PIN and CHI services who have a wide range of perspectives and experience, including navigators with "lived experience." The proposal sets a standard that auxiliary personnel should meet the applicable licensure, certification, or other laws and regulations of the states in which they practice, or in states without such standards the auxiliary personally serving as navigators should be trained to provide the services. We recommend that the final rule include specific standards for the training that will be acceptable, in those states without licensure standards. Specific standards will be important to Medicare providers who are hiring auxiliary personnel to provide CHI and PIN services, so that they can rest assured that they have met Medicare standards and that reimbursement will not be denied because of questions about the training of auxiliary personnel.

Documentation – The proposed rule includes solid definitions for CHI and PIN services; we support the definitions because they will help promote quality services for beneficiaries. However, we urge that the final rule offer guidance to Medicare providers about the documentation that is required about the services offered by auxiliary personnel. We do not want Medicare providers to be discouraged from providing PIN and CHI services through auxiliary personnel because of concerns regarding the PIN and CHI documentation requirements and the potential of denied claims if requirements are not met. Clarity about documentation standards is critical.

Relationship between CHI and PIN Services – We recommend that CMS make clear that a beneficiary may be provided both CHI and PIN services and that those services may be provided by the same auxiliary health care provider and billed in the same month. There is a lack of clarity about whether a beneficiary with cancer who receives PIN services might have SDOH needs that trigger access to CHI services as well. We believe that many cancer patients will have SDOH needs that will qualify them for CHI services, and it should be clear to Medicare providers that CHI and PIN services can be billed in the same month and by the same navigator.

Establish a Cancer Care Planning Code and Payment

The proposed rule states that PIN and CHI services will require an initiating E/M visit (other than a low-level E/M visit that can be performed by clinical staff) performed by the billing practitioner who will be providing the PIN and CHI services during subsequent calendar months. For both services, the Medicare provider is expected to develop a treatment plan as part of the initiating visit.

NCCS supports an initiating visit that includes an appropriate treatment plan. In fact, we propose that a new code and service be established in the final rule for CY 2024; that new service should be a cancer care planning service. CMS has embraced cancer care planning services as an element of a quality cancer care system by including that practice requirement in both the Oncology Care Model and the Enhancing

Oncology Model, which launched only months ago. NCCS has supported the establishment of a cancer care planning service in the fee-for-service system as a key step toward better coordination of care. We reiterate our commitment to cancer care planning; we believe that flow of services that CMS anticipates through PIN and CHI would be of optimal quality if provided according to a cancer care plan. When a cancer care planning service is established in the final rule, we also recommend that it be identified as a possible initiating visit for PIN and CHI services.

Consent for PIN and CHI Services

The agency asks for advice about consent for PIN and CHI services. NCCS will offer its reflections on this matter. We have struggled with the advisability or necessity of consent and do not have a firm conclusion. On balance, we do not think that consent is necessary. PIN and CHI services will be offered across the continuum of a cancer care treatment and survivorship experience, and we think the consent that patients give for their treatment is sufficient for the PIN and CHI services. We hesitate only because of the additional cost-sharing responsibilities that will be triggered by the PIN and CHI services.

Patient and Provider Awareness Related to CHI and PIN Services

If PIN and CHI services are to be transformative for patients, as we think they could be, the codes and payment streams must be utilized. We believe that robust utilization of these codes will depend on Medicare provider awareness and openness to utilization. We urge provider education immediately upon the publication of the final rule for CY 2024. We also urge patient education, a process that can be undertaken as a collaborative effort between the agency and the many groups that serve and educate patients. NCCS stands ready to be part of the education and implementation process related to PIN and CHI services, and we trust our colleagues will stand ready, too.

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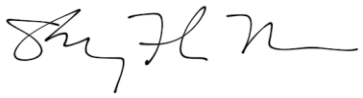
Thank you again for the opportunity to comment on the proposed rule for the Medicare PFS for CY 2024, including its provisions to advance equity and the goals of the Cancer Moonshot.

Sincerely,



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