

CANCER LEADERSHIP COUNCIL

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

September 4, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-1590-P, Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013

Dear Ms. Tavenner:

The undersigned cancer patient, provider, and research organizations are writing to share their concerns about the changes in reimbursement for certain radiation oncology services proposed in the physician fee schedule update for calendar year 2013. We share the goal of the Centers for Medicare and Medicaid Services (CMS) that physician fee schedule payments be based on the most accurate and up-to-date data available, and we support CMS efforts to evaluate and adjust payments to achieve that goal. Such an approach is necessary to ensure a high-quality Medicare program that provides beneficiaries access to appropriate care and also protects the long-term viability of Medicare.

We understand that the proposed physician fee update for CY 2013 would significantly reduce payments for intensity modulated radiation therapy (IMRT) and stereotactic body radiation therapy (SBRT), services that are important care options for patients with certain cancers. The recommended levels of reimbursement are based on revised assumptions about the length of IMRT and SBRT sessions. CMS indicates that the agency relied on a patient fact sheet about radiation therapy for prostate cancer as well as a patient-directed website about radiation therapy for information about the length of IMRT and SBRT sessions and that it based reductions in reimbursement levels on that information.

Many of the undersigned organizations provide educational materials that assist patients in making treatment decisions and also educate them about what to expect as part of their

treatment experience. In some cases, partnerships of patient organizations, professional societies, and research groups convene to create patient education materials. The patient education materials that we and others create are intended to serve patients. These materials are not designed to reflect or describe the time necessary to deliver professional services, including the technical requirements of the services that may be undertaken before and after the patient experience.

We urge that CMS reconsider its use of patient education materials to guide decisions about radiation oncology reimbursement decisions. This significant departure from the usual process for ascertaining the time required for a service and setting reimbursement rates is ill-advised. We are concerned that this reimbursement recommendation has the potential to adversely affect patient access to high-quality radiation oncology services. Moreover, the use of patient education materials as the basis for reimbursement decisions will have a negative impact on collaborative educational efforts that empower and equip patients to make decisions about and manage their cancer care.

We appreciate your careful consideration of this recommendation.

Sincerely,

Cancer Leadership Council

American Cancer Society Cancer Action Network
American Society for Radiation Oncology
American Society of Clinical Oncology
Bladder Cancer Advocacy Network
Cancer Support Community
The Children's Cause for Cancer Advocacy
Coalition of Cancer Cooperative Groups
College of American Pathologists
Kidney Cancer Association
Lance Armstrong Foundation
The Leukemia & Lymphoma Society
Lymphoma Research Foundation
National Coalition for Cancer Survivorship
National Lung Cancer Partnership
Prevent Cancer Foundation
Sarcoma Foundation of America
Susan G. Komen for the Cure Advocacy Alliance