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December 13, 2019

VIA ELECTRONIC SUBMISSION

Amy Bassano, Acting Director
Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

Re: Oncology Care First Model: Informal Request for Information

Dear Acting Director Bassano:

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to respond to the “Oncology Care First Model: Informal Request for Information.” Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals.

General Comments

As the Center for Medicare and Medicaid Innovations (CMMI) undertakes the creation of a new Oncology Care First (OCF) Model, we urge the agency to embed a culture of meaningful consumer participation in model design, monitoring, and evaluation. This will help the model meet the needs of consumers and avoid barriers that might impede care. As we search for ways to limit the growth of health spending, we must take advantage of the potential reduced costs and better outcomes from engaging patients and activating them in their care.¹

We also call again on CMMI to establish the Alternative Payment Models Beneficiary Ombudsman first promised in 2017. Alternative Payment Models are ripe for beneficiary confusion and may include

¹ Julie Carter, “Consumer Protections in New Medicare Payment and Delivery Models: A Checklist,” Medicare Rights Center & AARP Public Policy Institute (2017), https://www.aarp.org/content/dam/aarp/ppi/2017/11/AARP1206_RR_MRCchecklist_Nov20v5.pdf.

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complexities of oversight and notification that necessitate specialized knowledge and training. Ombuds programs serve as a necessary link between people with Medicare and the Medicare program.

Because the Oncology Care First Model as outlined would include a monthly population payment, it is vital that rigorous oversight be in place to root out any instances of profiting by stinting on necessary care or through inappropriate steering or cherry picking of beneficiaries assigned to the participating provider.

Many of our comments below echo those we submitted in response to the proposed Radiation Oncology (RO) Model, unveiled in July 2019.² We were heartened by the beneficiary protections in that proposal, and encourage CMMI to mirror many of those acknowledgments in the new Oncology Care First Model.

For example, in the RO Model, CMS proposed to require participants to notify beneficiaries of their inclusion through a standardized written notice, acknowledging that templates limit the potential for fraud and abuse, including patient steering. We supported that proposal and urged CMS to go a step further and use consumer testing to ensure notice templates would effectively convey important model information to beneficiaries. We redouble our request for that encouragement here, both for beneficiaries whose care is paid for through the OCF Model, and for those who may interact with other, future models. Consumers who are in the dark about payment cannot be truly engaged and activated, and the complexity of Alternative Payment Models can leave even those who are highly informed about insurance design bewildered about what is happening and how the pieces of their care fit together. We also continue to encourage CMMI to develop and distribute information explaining the beneficiary's right to refuse data sharing.

Care Transformation

CMMI identifies seven participant redesign activities as conditions of participation in the OCF Model, including offering beneficiaries 24/7 access to a clinician with real-time access to their medical records and providing the core functions of patient navigation. We strongly support these requirements and their inclusion in the final design. A cancer diagnosis can leave patients adrift in the complex world of oncology. Aid in navigating this world is vital to ensure that patients make and keep appointments, have the primary and follow up care and treatments they need, and feel supported and heard during the treatment process.

Quality Strategy

CMMI proposes that the model would include quality measures that are tied to payment to ensure that the incentive to reduce costs is balanced with an incentive to maintain or improve care quality. We support this balance, as payments that are tied to reducing costs may incentivize inappropriate stinting on medically necessary care. Costs may go down in the short term if care is inappropriately withheld, but the well-being of both beneficiaries and the Medicare program itself would eventually suffer.

² Medicare Rights Center, "Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures" (September 16, 2019), <https://www.medicarerights.org/medicare-program-specialty-care-models-to-improve-quality-of-care-and-reduce-expenditures>.

Potential Overlap with Other Payment Models

CMMI notes that they would need to develop methodologies to account for overlap and interaction between current or new CMS programs or initiatives and OCF participants, practitioners, and beneficiaries. Given this potential overlap, notices to beneficiaries about their participation in such initiatives must clearly explain what models mean for beneficiaries and how they may work together. CMS must provide this information in a simple, comprehensive way that will make beneficiary participation in and rights under one or multiple models clear. To facilitate this, we again urge the creation of consumer-tested template notices that are designed to ensure that beneficiaries understand what models they may be part of, how the models may or may not work together, and what they should understand about their participation in multiple models. The development of this communication must not be left in the hands of model participants who will be hard-pressed to fully understand the ramifications of model overlap and interaction from the beneficiary perspective.

Targeted Topics for the Public Listening Session and Written Feedback

The potential OCF Model would seek to improve health outcomes and quality of care for Medicare beneficiaries with cancer. We urge CMMI to monitor model outcomes to ensure to the greatest extent possible that the model is successfully lowering costs while model beneficiaries continue to receive high-quality and medically appropriate care. We support long-term strategies to confirm ongoing analyses and detect more subtle or hard-to-determine changes in care delivery and beneficiary outcomes, especially if anomalous demographic information is present that suggests discrimination, patient steering, or cherry picking is occurring.

We also urge CMMI to monitor model participants to detect attempts to maximize revenue by engaging in inappropriate patient recruitment or billing practices, and to identify issues with beneficiary experience of care, access to care, or quality of care. This should include monitoring the Medicare claims system for potentially adverse changes in referral, practice, or treatment delivery patterns. Discriminatory practices as well as other attempts to game the system must be prevented, spotted, and eliminated.

As in the proposed Radiation Oncology Model, CMMI should also require that all participants document in the beneficiary's medical record pre-treatment discussions about, among other things, the goals of care under the model; whether the treatment intent is curative or palliative; and the beneficiary's inclusion in, and cost-sharing responsibilities under, the model. We again urge CMMI to develop and consumer test language for providers to use in discussing these complex issues.

Conclusion

Thank you for the opportunity to provide feedback on the RFI. We appreciate efforts to rein in health care costs for people with Medicare, especially those who face the significant affordability issues as well as emotional turmoil presented by a cancer diagnosis.

For additional information, please contact Lindsey Copeland, Federal Policy Director, at 202-637-0961 or lcopeland@medicarerights.org or Julie Carter, Senior Federal Policy Associate, at 202-637-0962 or jcarter@medicarerights.org.

Sincerely,

Fred Riccardi

Frederic Riccardi
President
Medicare Rights Center