Thursday, April 23, 2015

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TAKE ACTION: Ask Lawmakers to Oppose Proposal to Extend Sequestration Cuts

The US Oncology Network strongly opposes increased Medicare sequester cuts. Please act now and ask your lawmakers in Washington to remove the provision in H.R. 1892 that extends the Medicare sequester cut. **Read below**

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On April 16, President Barack Obama signed the Medicare Access and CHIP Reauthorization Act of 2015 into law, repealing the Medicare sustainable growth rate (SGR) formula used to determine physician payment rates. **Read below**

CMS: Small Volume of Medicare Claims will be Impacted by SGR, Processed at Reduced Rate

The Centers for Medicare and Medicaid Services announced that a small volume of claims will be processed at the reduced rate based on the negative update amount pursuant to SGR, however Medicare Administrative Contractors will automatically reprocess claims paid at the reduced rate with the new payment rate. **Read below**

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April Health Affairs Focuses on Cancer Care

A number of health experts analyzed the current state of American cancer care in the April edition of Health Affairs magazine, entitled “The Cost and Quality of Cancer Care.” **Read below**

USPSTF Issues New Draft Recommendations on Breast Cancer Screening

On April 21, the U.S. Preventive Services Task Force released draft recommendations for breast cancer screening, in which they state that mammography screening is most beneficial for women ages 50 to 74. **Read below**

TAKE ACTION: Ask Lawmakers to Oppose Proposal to Extend Sequestration Cuts

Lawmakers in Congress have proposed a bill (H.R. 1892) to extend Medicare sequestration cuts to help pay for a trade adjustment assistance measure. The proposal would pay for job training and other assistance to those displaced by trade.

To help pay for the program, the bill would extend the sequester on Medicare for the last six months in 2024, which results in a net effect of increasing the sequester in 2024 beyond the two percent cut in the Budget Control Act. The legislation would reduce Medicare spending by an estimated $700 million, according to the Congressional Budget Office.

The US Oncology Network strongly opposes increased Medicare sequester cuts. Please act now and ask your lawmakers in Washington to remove the provision in H.R. 1892 that extends the Medicare sequester cut.

To contact your lawmakers in Congress, CLICK HERE.

President Obama Signs Historic SGR Reform Legislation

On April 16, President Barack Obama signed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) into law, repealing the Medicare sustainable growth rate (SGR) formula used to determine physician payment rates.

The U.S. Senate passed the bill by a 92-8 vote on March 14. The same measure passed the U.S. House of Representatives by a vote of 392-37 on March 26.

The bill eliminates the 21 percent cut originally scheduled to take effect on April 1, 2015, for the Medicare Physician Fee Schedule. In addition, provisions allowing for exceptions to the therapy cap, add-on payments for ambulance services, payments for low volume hospitals, and payments for Medicare dependent hospitals that expired on April 1 were extended.

The legislation also extends the Children's Health Insurance Program (CHIP) by two years, provides $7.2 billion for community health centers and supports movement to more risk-based alternative payment models.

MACRA is partially offset through a combination of increased payments from higher-income Medicare beneficiaries and payment reductions to various Medicare providers.

Before the Senate moved to vote on the House-passed legislation on April 14, a six-amendment package was introduced, threatening to halt the bill's momentum, however none of these amendments reached the necessary threshold to pass.

Before passing MACRA, Congress had patched the SGR program 17 times over more than a decade. This legislation will finally end the need for patches going forward.

To read the White House press statement, CLICK HERE.

To download the bill, CLICK HERE.

For a summary of the bill, CLICK HERE

CMS: Small Volume of Medicare Claims will be Impacted by SGR, Processed at Reduced Rate

The Centers for Medicare and Medicaid Services (CMS) announced earlier this month the agency's plans to give physicians a grace period until April 15 to avoid the 21 percent rate reductions set to trigger on April 1 under the SGR. Since the bill was signed into law on April 16, claims for past April services will be paid at pre-April rates.

On April 15, CMS issued an announcement stating, "While the Medicare Administrative Contractors (MACs) have been instructed to implement the rates in the legislation a small volume of claims will be processed at the reduced rate based on the negative update amount. The MACs will automatically reprocess claims paid at the reduced rate with the new payment rate. No action is necessary from providers who have already submitted claims for the impacted dates of service."

MedPAC Analyzes Bundling Oncology Services

The Medicare Payment Advisory Commission (MedPAC) discussed bundled payment policies for oncology services in an April 3 meeting.

Multiple Commissioners expressed interest in pursing comprehensive payment bundling – a system in which multiple cancer care services would be collectively covered. However, the group did not vote on any specific recommendations to Congress.

MedPAC asserted that the current fee-for-service policies under Part B "result in beneficiaries not obtaining the best value" when receiving drug benefits for cancer treatment. However, bundled approaches may "improve part B drug spending value" and "permit clinicians to decide on the value of drugs," which might "also lead to improved care coordination."

In its presentation, the group outlined key elements for consideration when formulating bundled payment policies. They included ***services offered, bundle duration, trigger events, payment type, risk adjustment,*** and ***incentives.***

Commissioners also examined narrow and broad bundling examples, including the Bach bundling concept, the UnitedHealthcare and MD Anderson pilot, and CMMI Oncology Care Model.

MedPAC is expected to release its next report to Congress in June.

For the full MedPAC presentation on oncology bundles, CLICK HERE.

CMS Proposes Changes to EHR Incentive Program

The Centers for Medicare & Medicaid Services (CMS) outlined plans to simplify and streamline reporting requirements for the Electronic Health Record (EHR) program in a proposed rule issued on April 10.

Specifically, the proposed rule would align Meaningful Use Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3. CMS claims the updated regulations will "allow providers to focus on objectives that support the advanced use of EHR technology, health information exchange, and quality improvement."

The policy changes in the proposed rule include:

- Reducing the overall number of objectives to focus on advanced use of EHRs;

- Removing measures that have become redundant, duplicative or have reached wide-spread adoption;
- Realigning the reporting period beginning in 2015, so hospitals would participate on the calendar year instead of the fiscal year; and
- Allowing a 90-day reporting period in 2015 to accommodate the implementation of these proposed changes in 2015.

"Meaningful use" reporting was established in 2009 in hopes that the electronic exchange of health information would improve the overall quality of health care. Under the EHR incentive program, Medicare will now require that all Medicare eligible professionals and hospitals meet meaningful use or they may be subject to a financial penalty.

For the CMS fact sheet, CLICK HERE.

April Health Affairs Focuses on Cancer Care

A number of health experts analyzed the current state of American cancer care in the April edition of Health Affairs magazine, entitled "The Cost and Quality of Cancer Care."

One article, National Expenditure For False-Positive Mammograms And Breast Cancer Overdiagnoses Estimated At $4 Billion A Year, is receiving significant attention. Researchers conclude that deceptive breast cancer diagnoses translated to an average national cost of $4 billion per year due to false-positive mammograms among women ages 40–59. The article asserts the economic impact must be considered in the debate about the appropriate populations for breast cancer screening.

The April Health Affairs includes other academic reports and research varying issues across cancer care delivery, including:

- Quality-Adjusted Cost Of Care: A Meaningful Way To Measure Growth In Innovation Cost Versus The Value Of Health Gains
- Cancer Mortality Reductions Were Greatest Among Countries Where Cancer Care Spending Rose The Most, 1995–2007
- For Uninsured Cancer Patients, Outpatient Charges Can Be Costly, Putting Treatments Out Of React
- Older Women With Localized Breast Cancer: Costs And Survival Rates Increased Across Two Time Periods
- Early Diffusion Of Gene Expression Profiling In Breast Cancer Patients Associated With Areas Of High Income Inequality

For Health Affairs' April edition, CLICK HERE.

USPSTF Issues New Draft Recommendations on Breast Cancer Screening

On April 21, the U.S. Preventive Services Task Force posted a draft recommendation statement and draft evidence documents on screening for breast cancer. Following a review of scientific data about the benefits and harms associated with breast cancer screening, the USPSTF draft recommendations state that evidence shows mammography screening is most beneficial for women ages 50 to 74.

The draft USPSTF recommendation statement specifically addresses different age groups:

- Age 40-49: USPSTF recommends informed, individualized decision-making based on a woman's values, preferences, and health history (C recommendation).
- Age 50-74: USPSTF recommends mammography every two years (B recommendation).
- Age 75 and older: USPSTF finds current science inadequate to recommend for or against mammography screening and recommends more research (I statement).

"Based on the evidence, the Task Force found that the benefit of mammography screening increases with age, with women ages 50 to 74 benefiting most. Women get the best balance of benefits to harms when screening is done every two years," the USPSTF said in a press statement.

In addition to the age specific recommendations, the USPSTF recommended further study on two other breast cancer screening issues:

- 3-D mammography: While cited as a promising new technology for the detection of breast cancer, the USPSTF did not find enough evidence to determine whether it will result in better overall health outcomes for women and recommended additional research.

- Breast Density: The USPSTF notes that women who have dense breasts are at an increased risk for breast cancer, and high breast density also reduces the ability of mammography to find and accurately identify breast cancer, however they encourage additional research in this area to determine if additional screening beyond mammography is beneficial.

Cancer groups responded quickly to the new recommendations. "It's important to remember that these are draft guidelines being posted for public comment. The American Cancer Society, working with its advocacy affiliate, the American Cancer Society Cancer Action Network, strongly supports coverage of breast cancer screening for women in their 40s, and will work to ensure that coverage remains available for screening when a woman and her doctor decide it is in her best interest," said Richard

C. Wender, M.D., chief cancer control officer of the American Cancer Society, in a press statement.

The opportunity for public comment expires on May 18 at 8:00 p.m. EST.

To read more about the USPSTF draft recommendations, CLICK HERE.

To read the USPSTF press statement, CLICK HERE.