

ISSUES

It's that Time of Year Again...

BY MATTHEW FARBER, MA



That's right. Even though memories of backyard barbecues, pools and beaches, and celebratory fireworks are still fresh in our minds, summer is officially over. For ACCC, the end of summer means it's time to comment on two 2015 rules proposed by the Centers for Medicare & Medicaid Services (CMS).

As it often does, CMS released its proposed Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (HOPPS) rules right before the July 4 holiday. The public is then given 60 days to read the rules and submit comments, which means that comments were due right around Labor Day. (Isn't it interesting how the rules correspond to holidays? And to add one more, the final rules are usually released around Thanksgiving.)

The proposed rules for 2015 are a mixed bag, as they usually are. There are proposals that we like, and others that we do not. In its comments, ACCC has communicated to CMS how these proposed changes will affect its membership—both the negatives and the positives. (Sometimes showing support for a proposal can be just as important as speaking out against a proposal.) Overall, however, there seemed to be fewer “ground-breaking” changes proposed for 2015, especially compared to 2014.

If you recall, last year in both rules CMS included significant proposals that—if implemented—could have meant significant changes to oncology. In the 2014 HOPPS proposed rule, the agency proposed to collapse E&M clinic visit codes and to bundle chemotherapy administration codes.

In the 2014 PFS proposed rule, it was the proposal to lower the reimbursement rates for more than 200 codes to the same levels found in other sites of service that likely would have had serious negative consequences for oncology practices. As it turned out, in the final 2014 HOPPS and PFS rules, only one of these proposals was finalized for calendar year 2014 (the collapse of the five E&M codes into one clinic visit code), largely because groups such as ACCC commented to CMS about the possible implications of the agency's proposed changes.

By the time you read this column, ACCC will have submitted its comments on both rules. (You can read the comment letters in the Advocacy section at www.accc-cancer.org.) And while there are not as many significant proposals for 2015, here are a few of the issues ACCC commented on.


In the 2015 proposed PFS ACCC spoke out on:

- The modifier for “off-campus services.” ACCC plans to work with CMS to ensure this requirement will not cause undue burdens on members and also explore how the agency can best use the data gathered.
- Revision of equipment costs, which will have a negative impact on radiation oncology and radiology reimbursement.
- Changes to digital mammography and prostate biopsy codes. ACCC will monitor these changes to see how they may potentially affect membership.
- Potentially mis-valued codes.
- The elimination of the CME exemption from Sunshine Act reporting.

- A chronic care management code. ACCC intends to work with CMS on this issue.
- Changes to colorectal cancer screening, which will hopefully make it easier for patients to access this important service.
- Changes to the value-based modifier.

In the 2015 proposed HOPPS rule, ACCC commented on:

- Drug reimbursement. ACCC supported the proposed rate of ASP+6 percent (unchanged from 2014).
- Packaging of drugs and services, which holds both benefits and drawbacks for ACCC members.
- E&M codes. ACCC raised issues related to the negative impact of the 2014 E&M code changes.
- Comprehensive APCs, another area with both benefits and drawbacks for the oncology community.
- Future proposals to package drug administration. ACCC intends to work with CMS on this critical issue.
- The modifier for “off-campus services.”

As in years past, ACCC also testified before a CMS advisory panel on many of these issues. If you have any questions on these proposals or ACCC's comments, please contact me at mfarber@accc-cancer.org. 

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