



Tuesday, April 7, 2020

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The Network Submits Comments on 2021 and 2022 Medicare Advantage and Part D Proposed Rule

The Network focused its comments on three specific provisions in the proposed rule, including the creation of a second "preferred" specialty tier in Part D, expanding access to beneficiary real time benefit tools, and establishing pharmacy performance measure reporting requirements. [Read below.](#)

Congress Begins Discussions on Phase Four COVID-19 Relief Bill

Bipartisan leaders in Congress are already beginning talks on a fourth relief bill to help individuals, businesses, healthcare providers, and state and local governments weather the Covid-19 pandemic. [Read below.](#)

Administration Rejects ACA Special Enrollment Period as Some States Re-Open Their Own Exchanges

The Trump administration has decided not to re-open the ACA health insurance exchanges for a special enrollment period for uninsured Americans during the coronavirus pandemic. [Read below.](#)

COVID-19 Puts Strain on Independent Medical Practices

Independent physician groups have been hit hard by the effects of COVID-19. Numerous private-practice physician groups, owned by individual doctors as opposed to health systems, have seen a drastic decrease in patient visits due to COVID-19. [Read below.](#)

Drug Pricing Legislation Not Included in Latest COVID-19 Relief Bill, Next Opportunity Likely Post-Election

On March 27, President Trump signed into law the third Covid-19 relief bill, which totaled more than \$2.2 trillion. The package included some of the must-pass "extenders" that were scheduled to be debated and passed in May. [Read below.](#)

Study Finds Oncology Clinical Pathways Decrease Costs in Oncology-Specific APMs

On March 24, *JCO Oncology Practice* (JCO OP) published a new study that found using clinical pathways in an oncology-specific alternative payment model (APM) can help decrease the cost of cancer care. [Read below.](#)

CMS Defends Price Transparency Rule in Federal Court

On March 24, attorneys representing the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) filed a legal brief that argued the agencies' final rule requiring hospitals to disclose their prices in the interests of transparency and lowering healthcare prices does not infringe on their First Amendment rights, nor does compliance to the rule generate undue administrative costs. **Read below.**

FULL STORIES

The US Oncology Network Submits Letter to HHS Secretary Alex Azar Requesting Relief for Community Oncology Providers

Last week, The US Oncology Network submitted a letter to HHS Secretary Alex Azar with recommendations for ways to enhance patient safety and assist community cancer practices during the COVID-19 pandemic. Included in the letter were four central themes that require action:

- **Provider Stabilization:** provide targeted assistance to health care providers to offset emergency expenses and lost revenue due to this crisis, including a full one-year, temporary suspension of Medicare sequestration, retroactively effective on January 1, 2020.
- **Practice Transformation:** temporarily extend the Oncology Care Model (OCM) and suspend two-sided risk, and delay implementation of the Radiation Oncology Model.
- **Utilization Management:** provide temporary, targeted utilization management relief for cancer treatment to enable practices to redeploy staff to more pressing needs.
- **Seamless Patient Care:** explore coverage options to ensure seamless care for patients dealing with job loss during this crisis.

To read The Network's letter to Secretary Azar, [CLICK HERE](#).

The Network Submits Comments on 2021 and 2022 Medicare Advantage and Part D Proposed Rule

On April 6, The Network submitted comments to the Centers for Medicare and Medicaid Services (CMS) on Calendar Year (CY 2021 and 2022 Medicare Advantage (MA) and Part D proposed rule. The Network focused its comments on three specific provisions in the proposed rule, including the creation of a second "preferred" specialty tier in Part D, expanding access to beneficiary real time benefit tools (RTBT), and establishing pharmacy performance measure reporting requirements.

The Network urged caution in advancing policies that could undermine clinical decision making by physicians on behalf of their cancer patients and encouraged CMS not to finalize the proposal to create a second "preferred" specialty tier. However, The Network commended CMS' proposal to require RTBTs to be made available to beneficiaries for access to formulary and benefit design information and applauded CMS' proposal to require disclosure of pharmacy performance measures in Part D sponsors' network pharmacy agreements.

To read The Network's comments on the CY2021 and 22 MA and Part D proposed rule, [CLICK HERE](#).

Congress Begins Discussions on Phase Four COVID-19 Relief Bill

Bipartisan leaders in Congress are already beginning talks on a fourth relief bill to help individuals, businesses, healthcare providers, and state and local governments weather the Covid-19 pandemic.

On April 1, the President proposed that a phase four relief bill start with a \$2 trillion investment in infrastructure, though the White House has yet to release details of such a plan. House Speaker Nancy Pelosi (D-CA) and House Democrats have suggested the fourth package should include

additional worker protections for first responders and emergency personnel, as well as clean water provisions, rural broadband, and funding for community health centers.

Republican leaders agree that Congress may need to craft another coronavirus relief package but have stressed the need to ensure the \$2.1 trillion aid package Congress passed on March 27 is implemented properly first. The House and the Senate are scheduled to be out of session until April 20.

Administration Rejects ACA Special Enrollment Period as Some States Re-Open Their Own Exchanges

The Trump Administration has decided not to re-open the ACA health insurance exchanges for a special enrollment period for uninsured Americans during the coronavirus pandemic. Several states that operate their own exchanges have already moved forward or have stated their intentions to move forward with a special enrollment period, citing the importance of beneficiaries having health coverage during the Covid-19 pandemic.

The decision to not move forward with the special enrollment will not prevent individuals who lose their job-based health insurance coverage from signing up on the marketplace. Under the ACA, those who lose their insurance would be eligible to obtain coverage from the exchanges at any time as long as they can show proof of coverage. A special enrollment period would not include this requirement.

COVID-19 Puts Strain on Independent Medical Practices

Recent press reports have highlighted the strain COVID-19 is placing on independent physician groups. Independent practices, small businesses that have resisted selling to hospitals despite years of increasing provider consolidation, have already weathered various reimbursement cuts, disadvantageous Medicare facility fees, costly EHR implementations and more, often leaving them with razor-thin margins.

These practices now face new challenges, as they experience a drastic decrease in patient volumes as visits are cancelled or postponed to reduce the risk of exposure to COVID-19. Some groups have seen in-person visits drop 60 percent. Practices have also seen sharp drop-offs in surgical procedures in response to state and federal guidance urging hospitals to stop elective procedures.

While the Centers for Medicare and Medicaid (CMS) has relaxed prior regulations on telehealth, not all visits can be done remotely, and smaller practices may not have the capability for telehealth at all.

To read more in Modern Healthcare and Healthcare Dive, [CLICK HERE](#) and [HERE](#).

To read more from CNBC, [CLICK HERE](#).

Drug Pricing Legislation Not Included in Latest COVID-19 Relief Bill, Next Opportunity Likely Post-Election

On March 27, President Trump signed into law the third COVID-19 relief bill, which totaled more than \$2.2 trillion. The package included some of the must-pass “extenders” that were scheduled to be debated and passed in May. The May deadline was previously seen by many as the best opportunity to pass bipartisan drug pricing and surprise billing legislation, but they will now have to wait until November for another opportunity to pass significant legislation to reduce the burden many Americans face in paying for healthcare—a top concern for voters. Because the new deadline to pass

the extenders package is November 30—amid a lame duck session of Congress—Beltway insiders are not certain the landmark surprise billing and drug pricing measures could pass.

According to Congressional sources, maintaining the political status quo (i.e. the President is reelected and Republicans keep control of the Senate) would create the best circumstance for passing drug pricing legislation because Senator Chuck Grassley (R-IA), Chairman of the Finance Committee, will give up the gavel at the end of this session. Grassley wrote the Senate's leading drug pricing bill and has urged GOP Senators to support it to help shore up their reelection campaigns, yet his successor on the Finance Committee is not expected to continue the effort.

To read more about the status of the drug pricing and surprise billing legislation, [CLICK HERE](#).

Study Finds Oncology Clinical Pathways Decrease Costs in Oncology-Specific APMs

On March 24, *JCO Oncology Practice* (JCO OP) published a new study that found using clinical pathways in an oncology-specific alternative payment model (APM) can help decrease the cost of cancer care. In examining whether or not voluntary use of clinical pathways by a practice can maximize Oncology Care Model (OCM) episodic cost savings, the researchers found that the median drug spend for the community oncology practice they studied (Cancer Care Specialists of Illinois, or CSSI) increased more slowly (18.6%) for CSSI than all of OCM participating practices (34.4%) between 2017 and 2019.

Moreover, the percent difference in drug spend for CSSI relative to OCM decreased from 13.5 percent to 0.1 percent, while there was approximately a 1.7 percent decrease in drug spending per quarter compared to other practices participating in the OCM. During the period between October 2017 and December 2019, CSSI achieved an increase in pathway adherence from 69 percent to 81 percent. The study authors note that since the launch of the OCM, oncology practices have concentrated on the use of care coordination to reduce preventable emergency department visits, inpatient hospitalizations, and inpatient post-acute care, but less attention has been devoted to reducing drug spend due to a perception that drug prices are outside the control of the oncologist. The results suggest that reduction in drug spending is possible within a value-based care model, using evidence-based clinical pathways.

To read the study, [CLICK HERE](#).

To read a press release about the study, [CLICK HERE](#).

CMS Defends Price Transparency Rule in Federal Court

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In dismissing hospitals' arguments that the rule imposes major administrative burdens, the government brief notes, "The rule shifts to hospitals some of the burden that patients currently have to bear. That is not the problem. That is the point." The government further noted, "Requiring a business to disclose

the prices it charges raises no difficult First Amendment issues under established precedent. Indeed, this case is a particularly poor fit for searching forms of First Amendment scrutiny because the burden on plaintiffs' speech is negligible.”

The case, *American Hospital Association v. Azar*, No. 1:19-cv-3619, represents an appeal following a district court ruling that the rule exceeded CMS' statutory authority. A hearing on the legality of the rule is scheduled for April 22 the U.S. District Court for the District of Columbia.

To read the government's brief, [CLICK HERE](#).

To read more about the latest developments in the case, [CLICK HERE](#).

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