

March 31, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Azar:

On behalf of The US Oncology Network (The Network), thank you for your department's swift, decisive and sustained efforts to respond to the novel coronavirus (COVID-19) pandemic. We are especially grateful for HHS's leadership in extending telehealth flexibilities to providers and patients. Such flexibilities allow our practices to continue seeing patients, for certain visits, in a manner that reduces risk of community spread and potential exposure. As you continue to address the challenges that lie ahead, The Network encourages continued flexibility where appropriate and requests consideration of additional actions that could enhance patient safety and ease the burden on community cancer care.

As this letter details below, we respectfully request consideration of five policy actions:

1. **Provider Stabilization:**
  - a. Targeted assistance to impacted healthcare providers in order to offset emergency expenses and lost revenue incurred due to this health crisis.
  - b. Stabilize physician practices via a one-year temporary suspension of the sequestration of Medicare reimbursement, retroactively effective 1/1/20 to inject immediate resources.
2. **Practice Transformation Difficulties:** Temporarily extend the Oncology Care Model (OCM) rather than move forward with the Oncology Care First Model, suspend two-sided risk in the OCM and allow providers to convert to one-sided risk, and delay the implementation of the Radiation Oncology Model.
3. **Utilization Management:** Targeted, temporary utilization management relief for cancer treatment in Medicare Advantage.
4. **Ensuring Seamless Patient Care:** Explore options to bridge coverage gaps to ensure seamless cancer care for patients dealing with job loss during this crisis.

The COVID-19 public health emergency is affecting all Americans and putting unprecedented strains on the U.S. healthcare system, including The Network's more than 450 community-based cancer facilities across 25 states. Our Network's 10,000 oncology physicians, nurses, clinicians and cancer care specialists treat more than 995,000 cancer patients annually. The Network unites over 1,400 like-minded physicians around a common vision of expanding patient access to the highest quality, most cost-effective, integrated cancer care to help patients on their cancer journey. Amidst this public health crisis, our commitment to this vision remains steadfast.

Our Network practices are already experiencing measurable effects attributable to COVID-19. Both new and existing patients, in coordination with their oncologists, are determining whether to delay chemotherapy, radiation therapy, and/or surgery treatments until the increased risk to the immunocompromised subsides. A growing number of our patients are experiencing layoffs and unemployment, along with a loss of health coverage. We are receiving requests from patients to suspend their treatments because they have lost their health insurance.

Many of our employees have children home from school and find themselves juggling childcare needs. Taken together, these effects are putting significant financial pressure on practice operations. In light of these concerns, The Network has identified critical issues that need to be addressed with immediate action.

#### Provider Stabilization

The Network's practices are independent and physician-owned. With COVID-19 increasing practice expenses and decreasing patient volume, our providers are bearing the brunt of this financial pressure. To immediately alleviate this strain, **The Network supports efforts to provide temporary Medicare sequestration relief to all providers for one year, effective retroactively to 1/1/2020.** This would partially alleviate cash flow pressures and provide our practices with needed flexibility during this period of time when care is more complex and patient volumes are declining.

Our practices have already incurred significant expenses as a result of COVID-19. Following the rapid expansion of telehealth flexibilities extended to the health care system, we initiated a search for Network-wide technology solutions available to meet this need. While we are working quickly to integrate this technology into our physician workflows, it does not come without a price tag. Like many hospitals and health care clinics, we are also concerned about the cost of shrinking supplies of personal protective equipment (PPE). Workforce constraints are also growing as schools continue to cancel instruction, some for the foreseeable future, causing many of our employees to struggle finding accessible, affordable childcare options. Lastly, we have swiftly relocated all non-essential practice staff members to enable them to work from home (e.g., schedulers, billing operations, etc.). To address these growing costs, **The Network urges consideration of additional assistance for increased emergency practice expenses and lost revenue resulting from significant reductions in patient visits, surgeries, chemotherapy and radiation services that have been incurred due to this public health emergency.**

In addition to financial assistance, **our practices and physicians would benefit from further operational and clinical flexibilities.** Much of our non-clinical staff can perform their duties from home, though Health Insurance Portability and Accountability Act (HIPAA) regulations complicate this function. Additionally, while the telehealth flexibilities are welcomed, they do not adequately address telephone-only communications and follow-up visits. For many of our patients, including the elderly and those in rural areas, telemedicine, virtual check-ins, and e-visits, which require audio and video capabilities, are not possible. Our physicians have increased their telephone communication to patients though CMS does not currently allow for reimbursement of these services. **The Network requests CMS temporarily permit the reimbursement of telephone follow-up visits in Medicare.** This would not only acknowledge the necessary and appropriate shift in care our practices are taking, it would also ease the cash flow burdens we are experiencing due to declining patient volume.

### Practice Transformation Difficulties

The Network greatly appreciates the relief CMS extended to providers participating in Medicare quality reporting programs, including the Merit-based Incentive Payment System (MIPS). By extending the 2019 data reporting deadline and permitting eligible providers to receive neutral payment adjustments for the 2021 MIPS payment year, our practices can focus on navigating this crisis.

The US Oncology Network is the largest participant in the Centers for Medicare and Medicaid Innovation (CMMI) Oncology Care Model (OCM), which is in its final year. We are, and will continue to be, a committed leader in CMMI's efforts around value-based care. CMMI has proposed a successor alternative payment model to the OCM, the Oncology Care First (OCF) model to begin as early as January 2021. While The Network did provide comments on the OCF Request for Information (RFI), the emergence of COVID-19 has presented new concerns.

Transitioning to the new OCF model would require refined workflows, additional practice investment, and significant behavioral change. At a time when practices are already overwhelmed in response to the COVID-19 pandemic, implementing the new OCF model would be extremely difficult. **The Network requests that CMMI extend the OCM for an additional period of time rather than move forward with the OCF on the proposed timeline.** Related, many of our practices have embraced the two-sided risk corridor within the OCM. The significant uncertainty of this crisis along with rapidly escalating costs and revenue cycle challenges posed by COVID-19 suggest now is not the time to put providers at risk based on their inability to meet historical trends. In fact, **CMMI should strongly consider a suspension of all two-sided risk options in the OCM or allow participating providers the option to convert to one-sided risk for the entirety of all performance periods that overlap with this declared national emergency.**

Likewise, we are also awaiting the release of CMMI's proposed Radiation Oncology (RO) Model. Like the OCF, implementation of this model would also require significant practice-wide changes. **The Network requests that CMMI delay the proposed start of the RO Model to no earlier than January 1, 2021.** A delay will allow our radiation oncology practices to manage this public health crisis without the burden of transitioning to a new payment system.

### Utilization Management Relief

The Network appreciates HHS's recognition of the need to ease prior authorization (PA) burdens for patients in need of COVID-19 testing and treatment. Utilization management (UM) tools like PA and step therapy increase the burden on physicians and staff, increase practice operating costs, and delay time-sensitive care for patients.

**Given the added risk this virus poses to the immunocompromised patients we treat daily, The Network suggests additional, targeted UM relief for cancer treatment in Medicare Advantage to enable more seamless care and allow practices to redeploy staff to support more pressing needs.** While temporary, limited UM relief could be extended by lifting PA and step therapy requirements when treatment is consistent with nationally recognized evidence-based care guidelines and/or established clinical pathways.

Now more than ever, physicians and clinical staff need to focus on providing patients the best care as quickly as possible, without facing unnecessary barriers. Many of our practices employ one or more full-time employees devoted to navigating utilization management protocols across multiple payors, requiring significant investment in both human capital and infrastructure. As COVID-19 continues to spread and put pressure on our workforce, our practices are looking for ways to optimize staff. Our practices are implementing new protocols to ensure health and safety for patients and employees, navigating new federal, state, and local guidelines released almost daily. UM relief would allow our practices to prioritize staff resources on the operational responsibilities necessary to keep our doors open.

#### Ensuring Seamless Patient Care

While substantial healthcare resources are being deployed to address the COVID-19 public health emergency, cancer patients are in continued need of treatment. The Network has already heard from a substantial number of patients indicating they will lose access to their health coverage on April 1, 2020. Many of these patients do not qualify for state Medicaid programs and cannot afford alternative health insurance. Patient assistance programs will also likely be overwhelmed, unable to respond to increasing demand. **The Network requests HHS consider options to bridge coverage gaps to ensure seamless cancer care for patients dealing with job loss during this crisis.** For example, temporary subsidies of COBRA coverage could be the lifeline necessary for these individuals. Every person facing a cancer diagnosis should have access to the lifesaving care they need and should not shoulder the stress of navigating new coverage at the same time they are being deemed as especially vulnerable to this virus.

#### Conclusion

On behalf of The US Oncology Network, thank you again for your continued efforts to combat this unprecedented public health crisis. We welcome the opportunity to discuss the issues outlined above with you and your staff. Should you have any questions, please contact Ben Jones, Vice President of Government Relations and Public Policy, at [Ben.Jones@usoncology.com](mailto:Ben.Jones@usoncology.com).

Sincerely,



Marcus Neubauer, MD  
Chief Medical Officer  
The US Oncology Network

CC: The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services  
The Honorable Mitch McConnell, United States Senate Majority Leader  
The Honorable Chuck Schumer, United States Senate Democratic Leader  
The Honorable Nancy Pelosi, Speaker of the United States House of Representatives  
The Honorable Kevin McCarthy, United States House of Representatives Republican Leader