



National Comprehensive
Cancer Network®

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NCCN Member Institutions

Abramson Cancer Center
at the University of Pennsylvania

Fred & Pamela Buffett Cancer Center

Case Comprehensive Cancer Center/
University Hospitals Seidman Cancer
Center and Cleveland Clinic Taussig
Cancer Institute

City of Hope National Medical Center

Dana-Farber/Brigham and Women's
Cancer Center | Massachusetts General
Hospital Cancer Center

Duke Cancer Institute

Fox Chase Cancer Center

Huntsman Cancer Institute
at the University of Utah

Fred Hutchinson Cancer Research Center/
Seattle Cancer Care Alliance

The Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins

Robert H. Lurie Comprehensive Cancer
Center of Northwestern University

Mayo Clinic Cancer Center

Memorial Sloan Kettering Cancer Center

Moffitt Cancer Center

The Ohio State University Comprehensive
Cancer Center - James Cancer Hospital
and Solove Research Institute

O'Neal Comprehensive Cancer Center at UAB

Roswell Park Comprehensive Cancer Center

Siteman Cancer Center at Barnes-
Jewish Hospital and Washington
University School of Medicine

St. Jude Children's
Research Hospital/
The University of Tennessee
Health Science Center

Stanford Cancer Institute

UC Davis Comprehensive Cancer Center

UC San Diego Moores Cancer Center

UCLA Jonsson
Comprehensive Cancer Center

UCSF Helen Diller Family
Comprehensive Cancer Center

University of Colorado Cancer Center

University of Michigan Rogel Cancer Center

The University of Texas
MD Anderson Cancer Center

University of Wisconsin
Carbone Cancer Center

UT Southwestern Simmons
Comprehensive Cancer Center

Vanderbilt-Ingram Cancer Center

Yale Cancer Center/Smilow Cancer Hospital

March 2, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Calendar Year (CY) 2023 Advance Notice of Methodological Changes for
Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment
Policies (the Advance Notice) (CMS-2022-0021)

Dear Administrator Brooks-LaSure:

The National Comprehensive Cancer Network® (NCCN®) appreciates the
opportunity to comment on the proposed Calendar Year (CY) 2023 Advance
Notice of Methodological Changes for Medicare Advantage (MA) Capitation
Rates and Part C and Part D Payment Policies (the Advance Notice) as it
relates to NCCN's mission of improving and facilitating, quality, effective,
equitable, and accessible cancer care. NCCN will focus our comments on the
provisions regarding equity and colorectal cancer screening quality measures.

NCCN Background

As an alliance of 31 leading academic cancer centers in the United States that
treat hundreds of thousands of patients with cancer annually, NCCN® is a
developer of authoritative information regarding cancer prevention, screening,
diagnosis, treatment, and supportive care that is widely used by clinical
professionals and payers alike. The NCCN Clinical Practice Guidelines in
Oncology (NCCN Guidelines®) are a comprehensive set of guidelines
detailing the sequential management decisions and interventions that currently
apply to 97 percent of cancers affecting patients in the United States.

NCCN Guidelines® and Library of Compendia products help ensure access to
appropriate care, clinical decision-making, and assessment of quality
improvement initiatives. The NCCN Drugs & Biologics Compendium (NCCN
Compendium®) has been recognized by CMS and clinical professionals in the
commercial payer setting since 2008 as an evidence-based reference for
establishment of coverage policy and coverage decisions regarding off-label
use of anticancer and cancer-related medications. NCCN was recognized by
CMS in 2016 and renewed in 2021 as a qualified Provider Led Entity (PLE)
for the Medicare Appropriate Use Criteria (AUC) Program for the
development of AUC and the establishment of policy and decision-making for
diagnostic imaging in patients with cancer.

NCCN imposes strict policies to shield the guidelines development processes from external influences. The “firewall” surrounding the NCCN Guidelines processes includes: financial support policies; panel participation and communication policies; guidelines disclosure policies; and policies regarding relationships to NCCN’s other business development activities. The guidelines development is supported exclusively by the Member Institutions’ dues and does not accept any form of industry or other external financial support for the guidelines development program. The NCCN Guidelines are updated at least annually in an evidence-based process integrated with the expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and are available through a multitude of health information technology (HIT) vendors.

Equity Proposals

Within the Advance Notice, CMS proposes to advance more equitable care systems through updates to measurement concepts and methodological enhancements within Medicare Advantage and Medicare Part D. Proposals CMS seeks feedback on include:

- Requiring plans to enhance current CMS efforts to report stratified Part C and D Star Ratings measures by social risk factors to help MA and Part D sponsors identify opportunities for improvement.
- The development of a Health Equity Index as an enhancement to the Part C and D Star Ratings program to summarize measure-level performance by social risk factors into a single score used in developing the overall or summary Star Rating for a contract.
- The development of a measure to assess whether plans are screening their enrollees for health-related social needs such as food, housing, and transportation.

NCCN supports these initiatives as important steps to address health disparities. NCCN also encourages CMS to engage with community stakeholders as the Health Equity Index is developed to ensure it accurately reflects the needs of the beneficiary population. A robust and representative working group that includes patient advocates, caregivers, healthcare professionals, plan representatives, and community leaders will help to ensure the development of a meaningful and effective tool. NCCN is supportive of proposals that will employ measurement, accountability, and transparency to advance more equitable care systems.

Throughout 2020 and 2021, NCCN, the National Minority Quality Forum (NMQF), and the American Cancer Society Cancer Action Network (ACS CAN) launched the Elevating Cancer Equity (ECE) initiative. The ECE initiative sought to better understand patient experiences of racial disparities in access to guideline adherent cancer care in the United States (US) through

surveys of patients, caregivers, and oncologists, and then to address these disparities through a framework of actionable policy and practice change recommendations developed by a working group of national experts.

The ECE Working Group (ECEWG), comprised of 17 national experts on racial disparities in cancer care including patients, caregivers, physicians, researchers, and industry, arose from the initiative (see Appendix A for full membership list). Convened in January 2021, the ECEWG developed two products: 1.) the Health Equity Report Card (HERC) as a means to put forth both best practice recommendations and ensure appropriate and necessary accountability for health systems and 2.) a Policy Framework to advance more equitable systems of care (see Appendix B for the HERC and Policy Framework). The recommendations within both the HERC and the policy framework outline the importance of measurement and improved data collection systems as a means to improve accountability, transparency, and ultimately equity, in care systems. NCCN believes CMS' proposals in the Advance Notice align well with these recommendations and supports the proposals.

Colorectal Cancer Screening Star Ratings Measure

Within the Advance Notice, CMS highlights the National Committee for Quality Assurance's (NCQA's) proposed changes to their colorectal screening measure, which is currently collected for Part C Star Ratings. NCCN supports the NCQA's proposed change to expand the measurement denominator to include the additional age group of 45-49 years. In addition to the U.S. Preventive Services Task Force (USPSTF), this change is in alignment with the NCCN Guidelines for Colorectal Cancer Screening[®]. NCCN understands that if this update is ultimately finalized by NCQA it will be considered a substantive change and will need to go through proposed through rulemaking prior to adding it to the Part C Star Ratings. NCCN supports CMS continuing to use the legacy measure during this time.

NCCN appreciates the opportunity to comment on the proposed 2023 Advance Notice. NCCN would be happy to serve as a resource and looks forward to working together to advance access to high quality, equitable, and accessible cancer care.

Sincerely,



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Elevating Cancer Equity Working Group Members

- **Chair:** Shonta Chambers, MSW, Patient Advocate Foundation
- **Chair:** Robert Winn, MD, VCU Massey Cancer Center
- Zeke Aguilera, ACT Lead, ACS CAN
- Nadine Barrett, PhD, Duke University School of Medicine
- Linda Burhansstipanov, DrPH, MSPH, Native American Cancer Research Corporation
- Christina Chapman, MD, MS, Michigan Medicine
- Moon Chen, MPH, PhD, UC Davis Health
- Thomas Farrington, Prostate Health Education Network
- Carmen Guerra, MD, MSCE, Penn Abramson Cancer Center
- Chanita Hughes-Halbert, PhD, Medical University of South Carolina
- Marjorie Kagawa Singer, PhD, UCLA Fielding School of Public Health
- Mel Mann, MBA M.Ed, Patient Advocate
- Regina Martinez, Volunteer, ACS CAN
- Kris Rhodes, MPH(Anishinaabe), Retired Founding CEO, American Indian Cancer Foundation
- Brian Rivers, PhD, MPH Cancer Health Equity Institute, Morehouse School of Medicine
- Gerren Wilson, PharmD, Genentech
- Karen Winkfield, MD, PhD, Meharry-Vanderbilt Alliance

Elevating Cancer Equity: Recommendations to Reduce Racial Disparities in Access to Guideline Adherent Cancer Care



Institutional and Practice Equity Report Card	
Community Engagement	
Incorporates meaningful community involvement in practice leadership through a community/patient advisory committee or designated board position that is reflective of:	
<ul style="list-style-type: none"> • the community the health care systems serves or • that is reflective of the community where the healthcare system resides or • is reflective of the demographics identified through the community needs assessment. 	
Marketing and educational materials use messaging that is linguistically and culturally appropriate for the community served.	
Contracts with or has formal and equitable partnership with community providers, community-based organizations, and/or faith-based organizations (when mutually appropriate and not harmful) for community engagement and/or patient navigation.	
Demonstrates the results of the community health needs assessments are used as a tool for program development through documented action plan tied to results.	
Accessibility of Care and Social Determinants of Health	
Facilitates access to government, commercial, or community-based non-emergency transportation services or financial support for public transportation where available.	
Collects Social Determinants of Health data at intake and throughout the continuum of care. Population-level data collected (z-codes) helps to guide patient care and population-level health management as documented through the medical record or meeting notes.	
Offers flexible hours for screening and treatment appointments.	
Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.	
Establish a process to navigate patients with identified social needs to local and or national resources.	
Training is provided to staff on barriers to clinical trial participation and there are targeted efforts to reduce barriers to clinical trial participation through connection to appropriate services.	
Addressing Bias in Care Delivery	
Diversity, inclusion, and equity is embedded into the practice, institution, or health system policies (Examples: recruitment, hiring, and promotion policies, resource allocation standards).	
Adopts measures related to the recruitment, retention, and promotion of minority researchers and practitioners.	
Implements Health Information Technology or other workflow processes to identify critical moments in shared decision making and care planning when disparate care can occur.	
Incorporates disparities and equity framework into quality improvement activities.	
Provides and requires annual implicit bias training for all employees.	

Quality and Comprehensiveness of Care

When appropriate, patients are offered or referred to appropriate preventive and supportive care services (e.g. smoking cessation and weight management programs, reducing exposure to environmental hazards).

Clinical trial options are discussed with all patients as documented through medical records.

Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.

Elevating Cancer Equity Working Group Policy Change Recommendations
Congressional Recommendations
<p>Clinical Trial Diversity: Congress should pass legislation requiring the FDA to consider clinical trial diversity as an element of the drug approval process in a way that is proportionate to the intended patient population.</p>
<p>Supporting Cancer Prevention: Congress should allocate funds for public awareness campaigns of lifestyle factors impacting cancer risk that are linguistically and culturally reflective.</p>
<p>Supporting Cancer Prevention: Congress should pass legislation allocating funds for public education on the importance of the Human Papillomavirus(HPV) vaccine.</p>
<p>Supporting Access to Screening: Congress should allocate additional funding for CDC screening programs including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CCCP). Congress should also allocate funds for screening that prioritizes cancers where disparities are particularly prevalent.</p>
<p>Supporting Access to Screening: Congress should allocate funds to be granted to community-based organizations to connect people with screening, early detection and treatment support. Congress should restore funds for the National Comprehensive Cancer Control Program.</p>
<p>Supporting a Diverse Healthcare Workforce: Congress should allocate funds to Historically Black Colleges and Universities (HBCUs), tribal colleges, and other minority serving institutions (MSIs) because they excel at care, practice, education, and community engagement.</p>
<p>Supporting Patient Navigation: Congress should pass legislation ensuring reimbursement of patient navigators and community health workers in Medicare/Medicaid/Private Insurance markets.</p>
<p>Social Determinants of Health: Congress should allocate funds for the reconnect loan and grant program and eliminate the household threshold requirement. Access to basic infrastructure like electricity has a critical impact on health.</p>
CMS and Commercial Payer Recommendations
<p>Ensuring Equitable Access to Genetic Testing and Cancer Risk Reduction: All payers should cover appropriate genetic counseling and testing for individuals at high risk of cancer as well as related risk reduction services.</p>
<p>Addressing Clinical Trial Participation Barriers: CMS should ensure Medicare, Medicaid, CHIP, and exchange plans offer coverage of the costs of clinical trial participation including parking, transportation, and lodging.</p>
<p>Patient Navigation: CMMI and commercial payers should include reimbursement for patient navigators, community health workers, care coordination, and connection to social support services in alternative payment models.</p>
Federal Agency Recommendations
<p>Data Collection: The Office of Management and Budget should revise their regulations dictating the collection and reporting of federal data on race and ethnicity. Data should be disaggregated from existing methods that fail to recognize the heterogeneity of African Americans, Pacific Islanders, Asians, Hispanics, American Indians and Alaska Natives.</p>
<p>Research: The Department of Health and Human Services should prioritize funds and resources for interdisciplinary research in SDOH and health disparities research. HHS should require health care systems to partner with community-based organizations to conduct research.</p>
<p>Cancer Prevention: The CDC should make the HPV vaccine an opt-out instead of an opt-in vaccine.</p>
<p>Patient Navigation: Create a Department of Labor code for Patient Navigators</p>

State and Local Policymaker Recommendations

Medicaid Expansion: State governors and legislatures should expand their state Medicaid programs to increase access to screening, early detection and care.