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The Honorable Greg Walden Chairman Energy & Commerce Committee U.S House of Representatives Washington, DC 20515

The Honorable Michael Burgess, MD Chairman Energy & Commerce Subcommittee on Health U.S. House of Representatives Washington, DC 20515 The Honorable Frank Pallone Ranking Member Energy & Commerce Committee U.S House of Representatives Washington, DC 20515

The Honorable Gene Green Ranking Member Energy & Commerce Subcommittee on Health U.S. House of Representatives Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone, Chairman Burgess and Ranking Member Green,

The American Society of Clinical Oncology (ASCO) is pleased to submit this statement in relation to the hearing, "MACRA and MIPS: An Update on the Merit-based Incentive Payment System." ASCO supported the passage of MACRA as a replacement to the flawed Sustainable Growth Rate and we applaud this committee for your shared commitment to its success.

ASCO continues to educate its members on how to make MACRA work for their practices and the Medicare beneficiaries they serve. Practice tools and webinar resources are readily available on asco.org/MACRA, and in July 2017, ASCO updated its Quality Oncology Practice Initiative Quality Clinical Data Registry (QOPI ® QCDR) to allow practices to seamlessly report MIPS data via electronic medical record data.

Further, we thank the committee for its leadership in the passage of critical technical fixes to the legislation passed in February of this year. Specifically, we appreciate the inclusion of language to remove Part B drugs from the low volume threshold and scoring adjustments in MIPS and the additional flexibilities in the cost category provided to CMS.

2318 Mill Road, Suite 800 Alexandria, VA 22314 T: 571.483.1300 F: 571.366.9530 www.asco.org The recently released 2019 Quality Payment Program (QPP) rule in combination with the Medicare Physician Fee Schedule (MPFS) raises several questions about how oncology practices will be able to continue to provide the highest quality care for Medicare beneficiaries. The QPP rule proposes an increase in weight for the cost category from 10% to 15% but lacks an updated methodology, including risk adjustment for the severity and variation of high cost therapies and potential hospitalization at times necessary to treat cancer patients.

Additionally, the MPFS proposes a 4% overall cut in reimbursement for oncology services, a decrease in reimbursement for new Part B drugs, and an overhaul of evaluation and management (E&M) coding that does not reflect accurately services and resources practices deliver to complex patients. To offset the reduction in reimbursement, oncology practices may be forced to reduce unpaid or underpaid but important services currently provided to patients with cancer. ASCO opposes the cuts in the proposed MPFS and believes they will harm Medicare beneficiaries with cancer, impede MIPS implementation, and risk access to appropriate anti-cancer therapies.

The proposed MPFS reimbursement cuts would diminish the reward to high performing providers Congress intended under MACRA in this first year the MIPS adjustments will be applied. Coupled with the MPFS, the best performers would only receive a 2% bonus. This is much lower than the 4% authorized by law. Providers and practices meeting all the necessary quality improvement/value requirements will still have an overall decrease in reimbursement for the 2019 year.

Over the coming months, ASCO will be in touch with the Center for Medicare and Medicaid Services (CMS) as well as this Committee about the impact of these proposals on cancer care.

ASCO thanks the Committee for its commitment to improving the Medicare program. If you have questions about this or any issue affecting cancer care, feel free to reach out to Amanda Schwartz at <a href="mailto:amanda.schwartz@asco.org">amanda.schwartz@asco.org</a> or 571-483-1647.

Sincerely,

Monica M. Bertagnolli, MD, FACS, FASCO

Monica la Gertaguela, MD

President, American Society of Clinical Oncology