



Oncology Nursing Society

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Meena Seshamani, MD, PhD
Director, Center for Medicare
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue
Washington, DC 20201

Submitted electronically via Regulations.gov

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Dear Dr. Seshamani,

The Oncology Nursing Society (ONS) represents over 100,000 oncology nurses working in the United States who are dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are privileged to support people with cancer through the entire cancer experience, from diagnosis and treatment into survivorship or as they face their end-of-life journey.

We appreciate the opportunity to provide feedback on measures discussed in the Advance Notice for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

[Changes to Existing Star Ratings Measures for the 2025 Measurement Year and Beyond **Breast Cancer Screening \(Part C\)**](#). The National Committee for Quality Assurance (NCQA) is in the process of updating its Breast Cancer Screening measure to reflect the U.S. Preventive Services Task Force's anticipated final recommendation that women ages 40-74 years at average risk of breast cancer receive biennial mammography screening. Expanding those who are eligible for breast cancer screening would be a substantive change to the measure, and for this reason, we agree with CMS' approach to maintain the legacy measure (covering women ages 50-74) in the Star Ratings while the new measure is on display and more permanently incorporated through rulemaking. Nevertheless, and given the rise in rates of breast cancer in young women, CMS should ensure

[Potential New Measure Concepts and Methodological Enhancements for Future Years **Breast Cancer Screening Follow-Up \(Part C\)**](#). We strongly support the development and inclusion of new measures to assess documentation and follow-up of abnormal mammogram results, as an expansion of the current Breast Cancer Screening measure, in the Star Ratings.

NCQA's proposed new measures for inclusion in HEDIS Measurement Year 2025 are:

- *Documented BI-RADS Assessment after Mammogram (DBM-E)*: The percentage of mammograms for members 40–74 years of age, documented in the form of a breast imaging reporting and data system (BI-RADS) assessment within 14 days of the mammogram.
- *Follow-Up After Abnormal Breast Cancer Screening (BCF-E)*: The percentage of inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment, for members 40–74 years of age.

Use of the BI-RADS assessment provides more consistent and clear results to referring physicians, improving uniformity for non-radiology physicians reading these reports from anywhere within the United States. Associated recommendations aligned to BI-RADS assessments also reduce the risk for variability in management and misinterpretation of recommendations.

CMS should incorporate these measures into the Star Ratings once NCQA finalizes the measures and their specifications.

Tobacco Use Screening and Cessation and Lung Cancer Screening and Follow-Up (Part C). Similar to the above, we strongly support the development and inclusion of new measures related to tobacco use screening and lung cancer screening, the latter aligning with a recommendation from the USPSTF over a decade ago, in the Star Ratings.

Lung cancer screening is directly correlated to identification of more than 50% of lung cancers at an early, curable stage, compared to 25% without screening. This means that emphasis on lung cancer screening compliance is directly related to improved patient outcomes and mortality, as well as consumption of healthcare resources over time.¹

Including these measures in the Star Ratings will help ensure patients are receiving recommended care at the earliest stand. ONS encourages CMS to incorporate these measures into the Star Ratings once finalized by NCQA.

Thank you for the opportunity to provide feedback. ONS supports CMS' efforts to address quality of care in the Medicare Advantage program and looks forward to providing feedback on the aforementioned measures in future rulemaking. Should you have any questions, please contact Jaimie Vickery, MPP, Director of Government Affairs and Advocacy, at healthpolicy@ons.org.

Sincerely,

The Oncology Nursing Society

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10379173/>