



Oncology Nursing Society

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September 6, 2016

Andrew M. Slavitt
Acting Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
Submitted electronically via <http://www.regulations.gov>

RE: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017

Dear Acting Administrator Slavitt:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide input into this Request for Information (RFI) for developing the National Cancer Moonshot Initiative. Oncology nurses are on the front lines, implementing prevention, early detection, treatment and symptom management strategies throughout the cancer continuum. As such, we will be the ones working with the patients and their families on all areas under consideration by the Blue Ribbon Panel to ensure the delivery of quality cancer care. We elaborate on our role in certain focus areas below, however we urge the Panel to recognize and consider the important impact oncology nurses will have across the spectrum and to position oncology nurses accordingly in any recommendations made.

We appreciate the opportunity to provide share our concerns and recommendations as you finalize payment and other policies for CY 2017 under the Medicare Physician Fee Schedule (MPFS).

Improving Payment for Primary Care, Care Management Services, and Patient-Centered Services

ONS appreciates CMS' ongoing commitment to support primary care and care management services, and remain encouraged by CMS' thoughtful proposals to improve payment in this area. We are particularly pleased that CMS has increased flexibility around the chronic care management (CCM) codes, which will improve access to these services, and that CMS will now recognize non-face-to-face prolonged E/M services.

We are also excited that mental and behavioral health are being viewed as key to overall beneficiary health through the proposed psychiatric collaborative care model (CoCM) codes. In response to CMS' request for additional models of inter-professional collaboration for health conditions, we encourage CMS to consider developing additional codes that would make communication and coordination between oncology providers and mental and behavioral health providers a payable service. This would be particularly helpful where a beneficiary has a cancer diagnosis and requires a more robust level of

mental and behavioral services during the course of their oncology treatment.

Oncology nurses provide significant amounts of primary care, care management, and patient-centered services as part of the cancer care team. We encourage CMS to finalize these new code proposals and clarify in the final rule that they are not limited to traditional primary care specialties (e.g., internal medicine, family practice, etc.), but are open for use by oncology practices, and more specifically, oncology nurses.

As requested previously, we urge CMS to consider other ideas for improving payment for primary care, care management and patient-centered services, and ask that the agency issue a separate Request for Information (RFI) to solicit such proposals to inform future rulemaking.

We appreciate the opportunity to submit comments on the CY 2017 MPFS Proposed Rule. Should you have any questions regarding our comments, please contact Alec Stone, MA, MPA, ONS Director of Health Policy, at astone@ons.org. We look forward to engaging in an ongoing dialogue to address issues of importance to our cancer patients.

Sincerely,

The Oncology Nursing Society

About the Oncology Nursing Society

ONS is a professional organization of over 39,000 registered nurses and other health care providers 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 roles, practice settings, and subspecialties. Our nurses are leaders in the health care arena, committed to continuous learning and leading the transformation of cancer treatment by advocating for high-quality care for people with cancer.