

# Community Oncology Alliance Largely Commends CMS on Final Physician Fee Schedule Rule

*COA's Concerns Reflected in Final Rule That Ensures Value of Cancer Care for Patients and Reduce Administrative Burdens for Physicians*

WASHINGTON, DC, UNITED STATES, November 2, 2018 /EINPresswire.com/ -- The Community Oncology Alliance (COA) commends the Centers for Medicare & Medicaid Services (CMS) for clearly hearing important concerns of the oncology community and reflecting those in the final Medicare Physician Fee Schedule. CMS Administrator Seema Verma and staff have largely listened and responded to feedback, resulting in a final rule that for the most part is good for patients and their providers.



COA is still evaluating the enormous and complex 2,000+ page final rule, but it appears that CMS acted on the [feedback provided in our formal comment letter](#) and in meetings, preserving the value of expert care that complex cancer patients receive and depend on under Medicare. We are thankful that CMS did not move forward with the proposal to reduce payment for same day E&M services and procedures, ensuring that patient care is not unnecessarily disrupted. Additionally, COA supports CMS' move towards site payment parity so that more expensive hospital systems have less incentive to force mergers with independent community cancer clinics, which provide the highest quality, most affordable, and accessible care to seniors with cancer.

COA is very concerned about what will still be an inappropriately large cut to reimbursement for the administration of chemotherapy. Additionally, CMS' decision to arbitrarily lower reimbursement for the introduction of new cancer drugs to wholesale acquisition price (WAC) plus 1.35% is seriously misplaced because it will only fuel manufacturers to increase their list prices (WAC) of expensive cancer drugs.

COA is also extremely grateful that the final rule moves in the direction of reducing disruptive documentation burdens, ensuring that oncologists can focus on what is most important: patient care. It is heartening to clearly see expert, frontline stakeholder input reflected in policymaking and we look forward to working with CMS in addressing aspects of this rule that will need to be addressed by 2021.

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About the Community Oncology Alliance: The majority of Americans battling cancer receive treatment in the community oncology setting. Keeping patients close to their homes, families, and support networks lessens the impact of this devastating disease. Community oncology practices do this while delivering high-quality, cutting-edge cancer care at a fraction of the cost of the hospital setting. The Community Oncology Alliance (COA) advocates for community oncology and smart public policy that ensures the community cancer care system remains healthy and able to provide all Americans with access to local, quality, affordable cancer care. Learn more at [www.CommunityOncology.org](http://www.CommunityOncology.org). Follow COA on Twitter at [www.twitter.com/oncologyCOA](https://www.twitter.com/oncologyCOA) or on

Facebook at [www.facebook.com/CommunityOncologyAlliance](https://www.facebook.com/CommunityOncologyAlliance).

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