COA Warns Proposed 2027 Medicare Physician Fee Schedule Could Further Destabilize Independent Cancer Care

Extensive COA Comments Call on Congress to Permanently Fix Physician Payment and Urge CMS to Rethink Proposed Cuts



Community Oncology Alliance Logo

WASHINGTON, DC, UNITED STATES, September 11, 2026 / EINPresswire.com/ -- The Community Oncology Alliance (COA) has submitted extensive comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed Calendar Year (CY) 2027 Medicare Physician Fee Schedule (MPFS), raising serious concerns that several proposed payment policies could destabilize independent physician practices and jeopardize patient access to community-based cancer care.

COA recognizes CMS's efforts to modernize physician payment, improve practice expense valuation, and reduce administrative burden. However, the proposed rule also illustrates the fundamental instability of Medicare physician payment. Practices face rising staffing, technology, equipment, and other operating costs even as CMS proposes reductions to the practice expense payments intended to support those costs. After Congress provided temporary physician payment relief for 2026, CMS is again proposing lower conversion factors for 2027.

- Read COA's full proposed 2027 MPFS comments.

"Physicians cannot operate practices when Medicare payment lurches from one temporary fix to the next while the cost of providing care continues to rise," said Debra Patt, MD, PhD, MBA, FASCO, president of COA. "Congress needs to permanently stabilize the Medicare Physician Fee

Schedule with an annual inflationary update. At the same time, CMS must make sure the individual services physicians provide are valued using current data and the realities of patient care. Both are essential to preserving access to independent, community-based medicine."

COA is urging Congress to establish a permanent annual inflationary update tied to the Medicare Economic Index, rather than continuing the cycle of temporary payment patches followed by renewed cuts.

But the conversion factor is only part of the problem. CMS is proposing significant changes to relative value units (RVUs), practice expense methodology, same-day evaluation and management (E/M) services, complexity payments, remote monitoring, and other components of physician payment.

COA's analysis of actual community oncology utilization estimates that the proposed RVU changes would produce an overall 2.12 percent payment reduction for community oncology, despite CMS's aggregate estimate suggesting an approximately neutral impact for oncology/hematology in the non-facility setting. COA estimates even larger reductions for critical oncology services, including approximately -5.06 percent for infusion, -4.28 percent for surgery, and -10.06 percent for proton beam services.

"An average can look harmless while the individual services keeping a community cancer practice operating are being cut underneath it," said Ted Okon, MBA, executive director of COA. "Medicare also doesn't operate in a vacuum. Commercial insurers frequently follow its payment methodologies, multiplying the impact. If independent practices become financially unsustainable, care moves to hospitals, where patients and Medicare often pay more. That is exactly the wrong direction for American health care."

Radiation Oncology Shows the Risks of Getting Payment Wrong

COA points to radiation oncology as a warning for CMS as it considers additional payment methodology changes.

In 2026, CMS implemented major changes to radiation oncology treatment-delivery codes using assumptions about how frequently certain services would be utilized. Actual claims experience subsequently differed substantially from those assumptions. COA estimates that radiation oncology payment fell by an average of approximately 23 percent from 2025 to 2026.

CMS now proposes using observed utilization to revise those payment values for 2027, a change COA supports. However, COA estimates the proposed correction would produce only about a 1.57 percent increase in radiation payment, far short of reversing the previous reduction.

COA is urging CMS to determine whether the underlying payment values adequately reflect the resources required to provide radiation therapy and address the disruption created in 2026.

More broadly, the experience demonstrates why major coding and payment changes should be validated against real-world data before implementation, not after practices and patients experience the consequences.

COA Calls for Changes Across the Proposed Rule

COA raises additional concerns with several major proposals, including:

- Practice expense and RVU methodology: COA supports updating outdated Medicare data but urges CMS to validate new methodologies against actual practice costs and provide meaningful code-level impact analyses.
- Same-day E/M and procedure payments: COA strongly opposes a proposed 50 percent reduction for certain additional services performed on the same day, warning it could encourage physicians to split coordinated care across multiple visits and increase burdens on patients.
- Physician "efficiency" adjustment: COA opposes automatically reducing physician work values based on assumed efficiencies rather than evidence that the time or intensity required to provide a service has actually declined.
- Complexity payments and value-based care: COA supports recognizing complex, longitudinal care but opposes tying higher payments to participation in Medicare models that community oncology practices have little realistic opportunity to qualify for.
- Proton therapy, oncology diagnostics, and remote monitoring: COA urges CMS to use current, real-world evidence and preserve access to specialized cancer services and technologies in independent practices.

COA also supports constructive elements of the proposed rule, including new Medicare payment for planning for future medical decisions and expanded advance care planning services furnished by qualified clinical staff, which better recognize the team-based nature of modern cancer care.

Medicare Payment Reform Must Protect Independent Cancer Care

COA warns that physician payment policy has consequences beyond individual Medicare rates. When payment no longer supports providing care in independent practices, those practices can close or consolidate and care can migrate into higher-cost hospital settings. Medicare and patients may then pay more for the same or similar services.

COA urges CMS to revise the proposed rule before it is finalized and calls on Congress to address the underlying instability of the MPFS through permanent, inflation-based physician payment reform.

Read COA's full comments on the proposed CY 2027 Medicare Physician Fee Schedule at https://mycoa.communityoncology.org/news-updates/press-releases/coa-warns-proposed-2027-medicare-physician-fee-schedule-could-further-destabilize-independent-cancer-care.

Drew Lovejoy
Community Oncology Alliance
info@coacancer.org

This press release can be viewed online at: https://www.einpresswire.com/article/941510071

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.
© 1995-2026 Newsmatics Inc. All Right Reserved.