

Congress of the United States
Washington, DC 20515

July 16, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
P.O. Box 8011
Baltimore, MD 21244-1850

Attention: CMS:-1588-P; Medicare Program; Hospital Inpatient Prospective Payment System for Acute Care Hospitals for Fiscal Year 2013; Proposed Rule

Dear Acting Administrator Tavenner:

On behalf of the dedicated cancer centers that are located in or near our districts, we respectfully submit the following comments on the Centers for Medicare & Medicaid Services' (CMS's) Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule.¹

The eleven dedicated cancer centers are recognized nationally for their *singular* focus on cancer care and play a pivotal role in the nation's cancer program to improve the prevention, detection, diagnosis, and treatment of cancer. Unlike other hospitals, these institutions are focused solely on deepening the understanding of the causes and cures for cancer, developing new treatments for cancer, and disseminating this knowledge to the provider community at large. Their research activities and the innovative therapies that result often offer the greatest possibilities for successful treatment of cancer patients. Their efforts have contributed significantly to increasing the number of surviving cancer patients and have resulted in countless individuals' return to productive lives. Because of their sole focus on cancer care, Congress has twice protected the ADCC hospitals from the shortfalls of a prospective payment system. While the Medicare Prospective Payment System (PPS) is a sufficient model for most acute care hospitals, this system is inappropriate for institutions that treat a single disease, in this case – cancer.

As you know, Congress enacted a provision that would require these dedicated cancer centers to report quality data to CMS for fiscal year 2014 and each subsequent fiscal year.² In the FY 2013 IPPS Proposed Rule, CMS seeks to implement this provision. Outlined below are our comments regarding CMS's interpretation and implementation of this provision. The dedicated cancer centers are eager to participate in a quality reporting program aimed at ensuring high quality care for cancer patients. We must ensure, however, that an appropriate quality reporting program is developed for the dedicated cancer centers. We would greatly appreciate CMS's careful

¹ 77 Fed. Reg. 27870 (May 11, 2012).

² 42 U.S.C. §1395cc(a)(1)(W) and 1395cc(k).

consideration of our comments and requests, and urge the agency to make appropriate adjustments in the Final Rule to reflect these concerns.

CMS must apply only quality measures that are appropriate for dedicated cancer centers

In enacting the quality reporting program for the dedicated cancer centers, Congress made the affirmative decision to enact a separate quality measure and reporting program for the dedicated cancer centers, rather than placing them in the same quality reporting program as PPS hospitals. As described above, Congress has, appropriately, treated these unique institutions that are at the forefront of the war on cancer differently than PPS hospitals. Thus, we strongly believe that the final quality measures that are selected must be appropriate for dedicated cancer centers. While some quality measures may be appropriate for PPS hospitals, such measures may not be appropriate in their standard form for dedicated cancer centers. CMS should take into account the unique nature of cancer patients at dedicated cancer centers when developing quality measures for these institutions.

CMS should delay the time periods for data used for public reporting

The statute requires CMS to publish the final quality measures for dedicated cancer centers no later than October 1, 2012 and the dedicated cancer centers to submit quality data to the agency for FY 2014 and each subsequent fiscal year. In the IPPS Proposed Rule, however, CMS would require the dedicated cancer centers to begin reporting on the quality measures on October 1, 2012 (the same day that the agency must publish the final selected measures). **We urge the agency move the start date for quality reporting closer to FY 2014, which would be more consistent with the statutory timeline.**


CMS should not use a sub-regulatory process for adopting measure changes

CMS also proposed that, if there are changes to the quality measure for the dedicated cancer centers, it will use a sub-regulatory process to apply such changes. **We urge the agency to instead provide for a transparent notice and comment opportunity for any such changes to the measures so stakeholders can submit meaningful input.**

Sincerely,



JOHN CULBERSON
Member of Congress



CAROLYN B. MALONEY
Member of Congress

Stephan Lynch

Charles Bangel

Lucille Roybal-Allard

Brian Higgins

Eliot L. Engel

Jim McDemott

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