

**AMERICAN SOCIETY  
FOR RADIATION ONCOLOGY**

251 18<sup>th</sup> St. South, 8<sup>th</sup> Floor  
Arlington, VA 22202

Main: 703.502.1550

Fax: 703.502.7852

www.astro.org · www.ranswers.org

Board of Directors

CHAIR

**Geraldine M. Jacobson, MD,  
MBA, MPH, FASTRO**

Premier Radiation Oncology Associates  
Clearwater, Florida

PRESIDENT

**Jeff M. Michalski, MD, MBA, FASTRO**

Siteman Cancer Center,  
Washington University  
St. Louis

PRESIDENT-ELECT

**Howard Sandler, MD, MS, FASTRO**

Cedars-Sinai Medical Center  
Los Angeles

IMMEDIATE PAST CHAIR

**Laura Dawson, MD, FASTRO**

Princess Margaret Cancer Centre  
Toronto, Ontario

February 9, 2023

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services

**Attn: CMS-4201-P**

7500 Security Boulevard  
Baltimore, MD 21244-1850

Submitted electronically: <http://www.regulations.gov>

**RE: RIN 0938-AU96- Proposed Rule on Medicare Program; Contract Year 2024**

Dear Administrator Brooks-LaSure,

The American Society for Radiation Oncology (ASTRO)<sup>1</sup> appreciates the opportunity to provide comment on the Medicare Program; Contract Year 2024 Policy proposed rule. We specifically want to provide input on the provisions related to health equity and utilization management requirements for Medicare Advantage (MA) plans.

ASTRO has long held the position that the current utilization and prior authorization policies associated with the MA program are onerous resulting in unnecessary delays in care warranting an overhaul. It is encouraging that CMS is taking steps to implement changes that address the use of prior authorization and focus on health equity. Below are comments in response to the changes outlined in the proposed rule:

### **Health Equity in Medicare Advantage**

ASTRO supports requiring MA organizations to provide services in a culturally competent manner. Given that many MA beneficiaries will receive radiation therapy, the development and maintenance of digital health education is key to reduce the gap in access to care among older adults. The requirement that MA organizations incorporate at least one activity that is designed to reduce disparities in health into their existing quality improvement (QI) programs is also critical to identifying ways to communicate with minority and underserved populations more effectively.

---

<sup>1</sup> *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

While it is not entirely clear what prevents some minority and rural patients from accessing quality healthcare, evidence points to lack of transportation, lower socioeconomic status, lack of childcare, inability to take the necessary time off work, underinsured/uninsured, and limited social supports (housing, access to fresh food, etc.) as key barriers. Resource investment and interventions are necessary to address the barriers facing these populations to ensure that they have adequate access to treatment, otherwise disparities in care will persist.

ASTRO urges CMS to provide additional payment to practices based on social determinant of health (SDOH) data scoring that would establish wraparound services to address healthcare disparities. This would enhance the care coordination programs that MA plans tout as a benefit over traditional Medicare. Payments associated with a SDOH scoring mechanism could support services, not currently billable, such as:

- Provide patient care navigation, including patient education and symptom management;
- Assess and address patient's nutrition, transportation and lodging needs, personal support system and identify resources to address barriers to accessing treatment and compliance with the treatment care plan;
- Coordination of care and communication of information following evaluation and treatment with other care providers engaged in the patient's treatment.

Data associated with those episodes with a SDOH payment could be collected and used to determine the effectiveness of SDOH interventions. By learning more about what causes disparities and understanding what interventions are most effective, measures could be developed to ensure participants are accountable for reducing disparities.

### **Utilization Management Requirements**

In recent ASTRO Annual Member surveys, radiation oncologists named prior authorization as the greatest challenge facing the field. According to surveys done by ASTRO and the American Medical Association (AMA):

- More than 9/10 radiation oncologists said that their patients experience delays in treatment.
- 1/3 of whom report average delays of more than five days, which is a full week of standard radiation treatments.
- 1/3 of radiation oncologists were forced to use a different therapy.
- 1/3 of physicians' report that PA has led to a serious adverse event for a patient in their care.

This is cause for alarm given that research links each week of delay in starting cancer therapy with a 1.2% to 3.2% increased risk of death.<sup>2</sup> A new report by the Kaiser Family Foundation (KFF) shows that over 2 million Medicare Advantage (MA) prior authorization (PA) requests were denied in 2021, and that only just over 11% of the denials were appealed. Of the denials that were appealed, 82% of the cases resulted in an overturn of the denial. Additionally, an Office of Inspector General report in 2022 found that 13% of prior authorization requests denied by MA plans met standard Medicare coverage rules. To

---

<sup>2</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213209>

alleviate the prior authorization burden and increase transparency in the utilization management process, ASTRO urges CMS to implement the provisions outlined in the proposed rule including:

- MA plans must comply with NCD's, LCD's and general coverage and benefit conditions included in traditional Medicare regulations.
- MA plans cannot deny coverage of a Medicare covered item or service based on clinical criteria not found in traditional Medicare coverage policies.
- MA plans establish a Utilization Management (UM) committee to review all UM policies annually and ensure they are consistent with current, traditional Medicare guidelines.
- MA plans cannot retroactively deny coverage after a prior authorization approval.
- MA plans must provide a healthcare professional conducting a medical necessity review with expertise in the field of medicine that is appropriate for the item or service being requested.
- MA plans must provide a 90-day transition period for beneficiaries switching MA plans and authorizations would remain valid for ongoing courses of treatment.

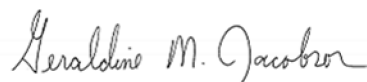
Gold-carding programs also could help alleviate prior authorization burden. ASTRO recommends that CMS consider requiring Medicare Advantage plans to allow providers with high rates of approvals over a specific time to be exempt from prior authorization requirements when performing treatments considered standard of care. Creating a gold-card program and standardizing denial rationale will reduce the time that providers and patients spend waiting on prior authorization decisions.

ASTRO is encouraged by CMS' response to stakeholder concerns regarding Medicare Advantage plan use of prior authorization and strongly recommends that the provisions detailed in this proposed rule be finalized. We appreciate the Agency reviewing our comments and look forward to actionable next steps. If you have any questions or would like more information about radiation oncology coverage issues related to Medicare Advantage plans, please contact Emilio Beatley, Health Policy Analyst, at 703-839-7360 or [Emilio.Beatley@astro.org](mailto:Emilio.Beatley@astro.org).

Sincerely,



Laura I. Thevenot  
Chief Executive Officer



Geraldine M. Jacobson, MD, MBA, MPH  
Board Chair