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

What is happening?

As part of the 2019 Medicare Physician Fee Schedule (a list of Medicare reimbursement fees for providers), the Centers for Medicare & Medicaid Services (CMS) introduced a misguided proposal that changes the way Medicare pays for office visits and how doctors document those visits. CMS is proposing drastic changes to the evaluation and management (E&M) codes that are the standard for measuring the type and severity of patient conditions during visits. These changes would cut reimbursements for complex cancer cases by up to 37%.

For oncologists and their staffs, there is no such thing as a simple or short office visit.

And, the proposed E&M cuts are undervaluing the care that cancer patients need. With cuts to E&M codes and reimbursement fees, CMS is telling the oncology community to cure cancer with the same time and experience it takes to treat a head cold, and that’s unacceptable. Oncologists spend precious time with patients during visits:

- Reviewing lab results
- Delivering complex, difficult diagnoses
- Coordinating additional tests and procedures
- Developing detailed care plans
- Providing counseling

CMS’ argument for the E&M cuts is not in line with what is important for patients.

CMS argues that the proposed cuts will streamline the reporting of cancer cases and reduce the amount of time physicians spend inputting information into patient records. But, this 22-37% reimbursement cut does not compensate for the reduce busywork – it does not help cancer patients.

The oncology community strongly opposes the E&M cuts.

The Community Oncology Alliance, American Society of Clinical Oncology, and others are speaking out against E&M reimbursement cuts. The community must make CMS understand that the drastic changes to E&M reimbursements undervalues the thorough and critical evaluation and management oncologists deliver to cancer patients, especially patients in life-threatening situations.

Join the community:

www.CommunityOncology.org/canceriscomplex

CANCER IS COMPLEX.

Proposed E&M Visit Cuts are Absurd.