Society of Gynecologic Oncology

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May 29, 2024

Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0057-P
P.O. Box 8016,
Baltimore, MD 21244-8016

Submitted electronically via http://www.regulations.gov

RE: Medicare Program; Request for Information on Medicare Advantage Data: CMS-4207-NC

Dear Administrator Brooks-LaSure:

The Society of Gynecologic Oncology (SGO) appreciates the opportunity to provide feedback on the Centers for Medicare & Medicaid Services' (CMS) Medicare Program; Request for Information on Medicare Advantage Data. We support CMS' efforts to ensure that Medicare beneficiaries covered under Medicare Advantage (MA) plans receive the same access to and coverage for healthcare services as provided by the traditional Medicare Program. Equity between the two types of Medicare benefit plans is essential to supporting the best health outcomes that are based on the equitable, timely, and appropriate care for all Medicare beneficiaries.

The SGO is the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers. Our 2,500 members, who include physicians, nurses, and other advanced practice providers, represent the entire oncology team dedicated to the treatment and care of patients with gynecologic cancers.

The SGO's purpose is to improve the care of women with gynecologic cancers by encouraging research and disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations interested in women's health care, oncology, and related fields. Given these goals, the SGO appreciates CMS' continued efforts to expand access to high quality, comprehensive medical services, such as cancer screening and treatment for the thousands of patients that are captured under the policies of this proposed rule.

The RFI follows the release of the CMS Interoperability and Prior Authorization final rule. The agency aims to build on the policies finalized in that rule to create an improved MA program for Medicare beneficiaries who choose this benefit option. We understand that the agency will consider information gathered from this RFI to inform future policy decisions.

The agency is requesting comments on a broad array of topics centered on data collection for Medicare beneficiaries who are insured under an MA plan. The SGO provides the following comments for consideration.

Medicare Advantage Data at the Plan or Enrollee Level

To provide transparency to potential MA enrollees, the SGO encourages CMS to collect information on MA plans that is specific to gynecologic oncology. Collection and public reporting of these data will help potential MA plan enrollees make informed decisions prior to selecting an MA plan. Data elements that our members believe will assist Medicare beneficiaries in choosing a plan include:

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- The number of gynecologic oncologists in each MA network that are actively accepting and treating patients.
- The wait times for appointments.
- Potential distance to travel to obtain access to a gynecology oncologist.

To assist physicians when treating patients who are enrolled in MA plans, the SGO suggests the following information be **collected from each plan**, and provided to both the physician and the patient;

- What is the referral process if the patient needs care from a gynecologic oncologist or other specialist when none are in the plan's network?
- What is the referral process for patients covered under an MA plan when a patient needs to see a gynecologic oncologist or other specialist that is outside the plan's network? Examples of needed information include the referral processes for referral to a clinical trial, for a second opinion, for referral to specialized care and other scenarios.
- Do patients require a referral to seek care from a specialist?

Prior Authorization Metrics

In early 2023, the SGO submitted comments on the Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations Proposed Rule (CMS-0057-P). We encourage the agency to review our previous comments on the prior authorization processes and the burden such processes place on the healthcare system. Below we provide the following additional comments on the prior authorization process for MA plans.

A recent study of 444 patients showed that the prior authorization process may cause delays of two weeks or more for cancer treatment.[1] The SGO believes that collecting data on the wait times from the date a prior authorization is requested to the date of the final determination. This single unit of time, encompassing any appeals, any requests for additional information, any peer-to-peer reviews, and other time-consuming efforts may then be used by CMS to determine if Medicare beneficiaries enrolled in MA plans have longer wait times than those in traditional Medicare. This would allow the agency to make corrective changes as necessary if an MA plan were delaying vital treatment due to the time constraints of the prior authorization process.

The agency should consider the collection of time data at a more granular level as well, including the time for prior authorization approval for specific cancer treatments like systemic therapy, infusion therapy, oral medication, use of radiation therapy, and others. For example, one study concluded that the mean time from poly ADP-ribose polymerase inhibitor (PARP-I) prescription to PARP-I start was ten days longer for patients whose insurance plans required prior authorization before treatment start.[2] This same study found that 64% of patients were required to have prior authorization, and the risk associated with prior authorization increased for patients with BRCA, despite the greater clinical benefit. Smtih et. al. also states in their paper that "Prior authorization contributes to delays in care, and reform is needed."

Additionally time data collection for prior authorization approval may be further delineated by time to approval for surgery, time to approval of imaging studies, and even time to approval by cancer disease

[1] Gupta A, Khan AJ, Goyal S, Millevoi R, Elsebai N, Jabbour SK, Yue NJ, Haffty BG, Parikh RR. Insurance Approval for Proton Beam Therapy and its Impact on Delays in Treatment. Int J Radiat Oncol Biol Phys. 2019 Jul 15;104(4):714-723. doi: 10.1016/j.ijrobp.2018.12.021. Epub 2018 Dec 14. PMID: 30557673; PMCID: PMC10915745.
[2] Smith AJB, Apple A, Hugo A, Haggerty A, Ko EM. Prior authorization for FDA-approved PARP inhibitors in ovarian cancer. Gynecol Oncol Rep. 2024 Feb 13;52:101335. doi: 10.1016/j.gore.2024.101335. PMID: 38390624; PMCID: PMC10878851.

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site. Many gynecologic cancers are aggressive and advance very quickly. Therefore, time from the initial prior authorization request to the potential approval for these types of cancers would be an extremely important metric to understand so that Medicare beneficiaries enrolled in MA plans are receiving treatment in a timely fashion.

Access to Care and Health Equity

As already discussed, access to gynecologic oncologists and the distances that a beneficiary must travel to obtain care from a gynecologic oncologist are important metrics to consider. The SGO suggests that the agency consider collecting data on access to care issues across a spectrum of demographic categories including urban, suburban, and rural. Also, of importance is how the use of prior authorization may impact marginalized populations more acutely that other populations. A recent study with a cohort of 1,406 gynecologic oncology patients found type of insurance and racial disparities occurred in prior authorization.[3]

Of particular significance, particularly as it relates to this RFI, this same study found that having MA was associated with a 76% increased risk of the patient needed prior authorization before treatment began.[4] Additionally, the study also found that patients of Asian descent were six times more likely to undergo a prior authorization request prior to starting treatment.[5] With this in mind, the SGO recommends that the agency gather data on MA plans' use of prior authorization, and which populations are undergoing prior authorization before the start of treatment. Also, we note that collecting prior authorization data as it occurs throughout the cancer care journey is of vital importance as well. Prior authorization does not only occur at the start of treatment but is often used when MRIs, PET scans, and other types of care are needed. As we noted previously, granular data will be vital to ensure fair and equitable access to care.

In conclusion, the SGO supports the collection of data metrics that allow the agency to ensure that those beneficiaries insured by MA plans have the same access to equitable and timely treatment as those who are insured by traditional Medicare.

Thank you for the opportunity to provide these comments. We appreciate CMS' effort to collect information on these important issues. If the agency has any questions or would like to meet with us to discuss our input, please contact Erika Miller, partner, CRD Associates: emiller@dc-crd.com.

Sincerely,

Amanda Nickles Fader, MD

President, SGO

[3] Smith AJB, Mulugeta-Gordon L, Pena D, Kanter GP, Bekelman JE, Haggerty A, Ko EM. Insurance and racial disparities in prior authorization in gynecologic oncology. Gynecol Oncol Rep. 2023 Mar 11;46:101159. doi: 10.1016/j.gore.2023.101159. PMID: 36942280; PMCID: PMC10024078.
[4] Ibid.
[5] Ibid.