

Alliance of Dedicated Cancer Centers

THE IMPORTANCE OF ACCESS TO NCI-DESIGNATED COMPREHENSIVE CANCER CENTERS

The Affordable Care Act (ACA) aims to increase affordability and access to health services for all Americans, especially those individuals who are most vulnerable to exclusion from health plans or devastating out-of-pocket costs as a result of illness. **To meet this goal, the Centers for Medicare and Medicaid Services (CMS), federal, and state regulators must ensure access to the most effective and advanced cancer care.**

Network Adequacy under the ACA

- State-run exchanges and federally-facilitated exchanges (FEEs) enroll individuals in qualified health plans (QHPs) that provide health insurance. The final regulations on Exchanges require QHPs to meet network adequacy requirements. Specifically, plans are required to maintain networks that are “**sufficient in number and types of providers...to ensure that all services will be accessible to consumers without unreasonable delay.**” 45 C.F.R. § 156.230(a)(2).
- However, over the past year, insurers have tightened networks and limited access to specialist services, especially oncology providers.
 - Insurers are demonstrating a particularly strong aversion to contracting with dedicated cancer centers, citing concerns about adverse selection.
 - Temporary reinsurance and risk corridor programs and a permanent risk adjustment methodology established by the ACA were designed to mitigate the impacts of adverse selection or risk selection by plans, but the risk methodology may not adequately recognize adverse selection for oncology patients. Among the select QHPs that contracted with dedicated cancer centers in their initial plan year, many have since reported problems with adverse selection and dropped these providers from their network.
 - The administration recognized this issue in its 2015 Letter to Issuers in the Federally-facilitated Marketplaces (March 14, 2014), indicating that insufficient access to oncology providers has historically raised network adequacy concerns.
- Federal regulations also establish out-of-pocket maximums for cost-sharing for individuals in small group and individual health plans for benefits obtained from in-network providers, but these cost-sharing limits do not apply to providers excluded from exchange networks. As a result, many patients who are insured by a QHP and seek care at a National Cancer Institute (NCI)-designated Cancer Center are exposed to significant financial hardship.

How will this affect cancer patients?

- Cancer afflicts millions of individuals and cancer patients are among the sickest and most vulnerable patient populations in the U.S. 1.6 million Americans will be diagnosed with cancer this year. **1 out of 3 women** and **1 out of 2 men** will be diagnosed with cancer in their lifetimes.
- In addition, the NCI has recognized that cancer is not just one disease – it's *hundreds*.
- Patients need access to NCI-designated Comprehensive Cancer Centers that provide expert, specialty care. These Centers, through research and patient care, have contributed to advances in our understanding of cancer and its prevention, diagnosis and treatment.
- Only the nation's 41 NCI-designated Comprehensive Cancer Centers have the expertise and capacity to treat **all** types of cancers, including rare and complex cancers that cannot be effectively treated elsewhere and that many community hospitals are unable to even accurately diagnose.
- NCI-designated Comprehensive Cancer Centers lead the way in offering new therapies through clinical trials, comparing the best standard care with a new treatment. These institutions and specialists are often the only option for patients with certain cancers.
- Cancer is life-threatening and typically requires immediate action once it is discovered in order for a patient to receive necessary therapy.
- Without in-network oncology specialists, patients forced to go out of network to receive care from NCI-designated Comprehensive Cancer Centers may be deterred from seeking the most appropriate and effective care to treat his or her life-threatening illness since prohibitions on lifetime benefit caps and annual limitations on cost-sharing established by the federal government only apply to in-network services. Delayed treatment, which often results if patients have to go out of network, could seriously impact an individual's likelihood of survival of ability to regain functional status.
- Not only do NCI-designated Comprehensive Cancer Centers provide high quality, state of the art medical care, they have been demonstrated to achieve better outcomes at lower cost when compared with other providers.

What is the solution?

To overcome concerns about adverse selection and ensure that QHPs contract with health care providers offering the highest quality, most cost-effective care:

- **A review of the federal risk adjustment program and the underlying methodology should be undertaken to ensure that it adequately accounts for and offsets legitimate QHP losses resulting from adverse selection by enrollees with cancer diagnoses.**
- **CMS should require every QHP in an FFE to include at least one NCI-designated Comprehensive Cancer Center in its network.**

- **State regulators should require QHPs on state-run exchanges to have an NCI-designated Cancer Center in-network.** The ADCC has urged the National Association of Insurance Commissioners (NAIC) to include such a recommendation in its forthcoming Network Adequacy Model Act.
- Congress and CMS should also consider establishing a cap for out-of-network cost sharing for NCI-designated Comprehensive Cancer Centers.

Requiring that every QHP include an NCI-designated Comprehensive Cancer Center also mitigates insurer concern with adverse selection – ***if every insurer includes at least one NCI-designated Comprehensive Cancer Center, then no insurer that includes such a Center will disproportionately attract patients who receive a cancer diagnosis.***

Prior to the ACA, patients were denied access to care based on pre-existing condition exclusions and lifetime and annual benefit limits. As these practices have now ended, we implore federal and state agencies not to allow network exclusion tactics to have the same result.

Alliance of Dedicated Cancer Centers

The Alliance of Dedicated Cancer Centers (ADCC) is a coalition of singularly focused cancer centers, leading the war on cancer. The mission of the ADCC is to assist its member cancer centers in advancing the nation's understanding of the causes of cancer, cancer prevention, cancer diagnosis, and treatment of cancer. The ADCC is committed to providing innovative cancer therapies and the best possible care to patients, as well as disseminating knowledge about these therapies to the community at large.

City of Hope Comprehensive Cancer Center, Duarte, CA

Dana-Farber Cancer Institute, Boston, MA

Fox Chase Cancer Center, Philadelphia, PA

H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL

MD Anderson Cancer Center, Houston, TX

Memorial Sloan-Kettering Cancer Center, New York, NY

Roswell Park Cancer Institute, Buffalo, NY

Seattle Cancer Care Alliance, Seattle, WA

The Ohio State Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Solove
Research Institute, Columbus, OH

Sylvester Comprehensive Cancer Center, Miami, FL

USC Norris Cancer Hospital, Los Angeles, CA

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