Current Issues Affecting Cancer Care in Puerto Rico

José R. Dávila, MD
Past President
AHOMPR
### PR Cancer Incidence: 2008-2012


**Figure 3: Top Ten Cancer Sites: Incidence: Puerto Rico, 2008-2012**

<table>
<thead>
<tr>
<th>Hombres / Males (N = 38,750)</th>
<th>%</th>
<th>Mujeres / Females (N = 33,247)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Próstata/Prostate</td>
<td>39.1</td>
<td>Mama/Breast</td>
<td>29.6</td>
</tr>
<tr>
<td>Colon y recto/Colon and rectum</td>
<td>12.7</td>
<td>Colon y recto/Colon and rectum</td>
<td>12.2</td>
</tr>
<tr>
<td>Pulmón y bronquios/Lung and bronchus</td>
<td>6.1</td>
<td>Tiroides/Thyroid</td>
<td>9.8</td>
</tr>
<tr>
<td>Vejiga urinaria/Urinary bladder</td>
<td>4.2</td>
<td>Cuerpo del útero, NOS/Corpus and uterus, NOS</td>
<td>7.5</td>
</tr>
<tr>
<td>Cavidad oral y faringe/Oral cavity and pharynx</td>
<td>4.0</td>
<td>Pulmón y bronquios/Lung and bronchus</td>
<td>4.1</td>
</tr>
<tr>
<td>Linfoma no-Hodgkin/Non-Hodgkin Lymphoma</td>
<td>3.6</td>
<td>Linfoma no-Hodgkin/Non-Hodgkin Lymphoma</td>
<td>4.0</td>
</tr>
<tr>
<td>Hígado y ducto biliar/Liver and bile duct</td>
<td>3.2</td>
<td>Cérvix uterino/Cervix uteri</td>
<td>3.7</td>
</tr>
<tr>
<td>Estómago/Stomach</td>
<td>2.6</td>
<td>Ovario/Ovary</td>
<td>2.5</td>
</tr>
<tr>
<td>Riñón y pelvis renal/Kidney and renal pelvis</td>
<td>2.5</td>
<td>Leucemia/Leukemia</td>
<td>2.5</td>
</tr>
<tr>
<td>Leucemia/Leukemia</td>
<td>2.5</td>
<td>Estómago/Stomach</td>
<td>2.2</td>
</tr>
<tr>
<td>Otros sitios primarios/Other sites</td>
<td>19.5</td>
<td>Otros sitios primarios/Other sites</td>
<td>21.8</td>
</tr>
</tbody>
</table>
Incidence: Increasing trend
### Cancer Mortality 2008-2012

#### Figura 8: Primeros diez tipos de cáncer: mortalidad: Puerto Rico, 2008-2012

**Figure 8: Top ten cancer sites: Mortality: Puerto Rico, 2008-2012**

<table>
<thead>
<tr>
<th>Hombres / Males (N = 14,659)</th>
<th>%</th>
<th>Mujeres / Females (N = 11,354)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Próstata/Prostate</td>
<td>17.6</td>
<td>Cuerpo del útero, NOS/Corpus and uterus, NOS</td>
<td>4.3</td>
</tr>
<tr>
<td>Pulmón y bronquias/Lung and bronchus</td>
<td>13.6</td>
<td>Colon y recto/Colon and rectum</td>
<td>13.5</td>
</tr>
<tr>
<td>Colon y recto/Colon and rectum</td>
<td>13.0</td>
<td>Pulmón y bronquias/Lung and bronchus</td>
<td>9.4</td>
</tr>
<tr>
<td>Hígado y ducto bilia/Liver and bile duct</td>
<td>6.8</td>
<td>Hígado y ducto bilia/Liver and bile duct</td>
<td>4.6</td>
</tr>
<tr>
<td>Estómago/Stomach</td>
<td>4.4</td>
<td>Cuerpo del útero, NOS/Corpus and uterus, NOS</td>
<td>4.3</td>
</tr>
<tr>
<td>Páncreas/Pancreas</td>
<td>4.4</td>
<td>Ovario/Ovary</td>
<td>4.2</td>
</tr>
<tr>
<td>Cavidad oral y faringe/Oral cavity and pharynx</td>
<td>3.3</td>
<td>Estómago/Stomach</td>
<td>3.8</td>
</tr>
<tr>
<td>Leucemia/Leukemia</td>
<td>3.2</td>
<td>Leucemia/Leukemia</td>
<td>3.3</td>
</tr>
<tr>
<td>Esófago/Esophagus</td>
<td>3.1</td>
<td>Linfoma no-Hodgkin/Non-Hodgkin Lymphoma</td>
<td>3.1</td>
</tr>
<tr>
<td>Linfoma no-Hodgkin/Non-Hodgkin Lymphoma</td>
<td>2.8</td>
<td>Otros sitios primarios/Other sites</td>
<td>29.4</td>
</tr>
<tr>
<td>Otros sitios primarios/Other sites</td>
<td>27.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fuente de Datos: Archivo de Mortalidad provisto por el Registro Demográfico de Puerto Rico, noviembre de 2014.
(Data Source: Mortality Case File provided by the Demographic Registry of Puerto Rico, November, 2014.)
Mortality: Decreasing trend

**Figure 12:** Age-specific mortality rates of all cancer sites by sex: Puerto Rico, 2008-2012

**Figura 12:** Tasas de mortalidad específicas por edad - todos los sitios de cáncer por sexo: Puerto Rico, 2008-2012
Cancer: Leading cause of death in PR

Cancer is a leading cause of death in Puerto Rico, accounting for 17.7% of all deaths. In 2010, there were 5,197 deaths from cancer, 2,927 (56.3%) in men and 2,270 (43.7%) in women. (Tortolero-Luna, et al. 2013) The estimated overall cancer mortality rate in Puerto Rico was 123.8 per 100,000 persons (age-adjusted to the 2000 U.S. population) in 2010. (Departamento de Salud (2012); Tortolero-Luna, et al. 2013) Although over the last 15 years, cancer mortality continuous to decline although at a lower rate than the decline observed from heart disease, which decreased nearly three times faster than mortality from cancer (Figure 6). The number of Puerto Ricans living with cancer from 1987 to 2010 is estimated to be approximately 61,928 people. (Centeno-Girona, H, et al. 2013)
Medical Oncology in Puerto Rico

• Two training programs:
  • University of Puerto Rico (2 fellows/year)
  • SJCH/VAH (Average 2-3 fellows/year)

• 100-120 practicing oncologists

• Most are Community Oncology Practices
  • 1-5 physician groups
  • Physician owned, self-standing clinics

• Few are Hospital-Based
Health Care in Puerto Rico: Medicaid

• Medicaid a.k.a. “Reforma” or “Mi Salud” accounts for 1,565,019 lives of the estimated 3,474,000 (45%)
• Mainland US much lower
Medicaid: 8 regions

<table>
<thead>
<tr>
<th>Región</th>
<th>Asegurados</th>
<th>Elegibles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norte</td>
<td>230,982</td>
<td>7,485</td>
</tr>
<tr>
<td>Metro Norte</td>
<td>246,979</td>
<td>3,420</td>
</tr>
<tr>
<td>Este</td>
<td>232,422</td>
<td>23,709</td>
</tr>
<tr>
<td>Noreste</td>
<td>153,553</td>
<td>3,093</td>
</tr>
<tr>
<td>Sureste</td>
<td>182,840</td>
<td>3,389</td>
</tr>
<tr>
<td>Oeste</td>
<td>259,801</td>
<td>3,032</td>
</tr>
<tr>
<td>San Juan</td>
<td>110,439</td>
<td>3,584</td>
</tr>
<tr>
<td>Suroeste</td>
<td>143,626</td>
<td>15,573</td>
</tr>
<tr>
<td>Special</td>
<td>4,377</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>1,555,019</td>
<td>63,990</td>
</tr>
</tbody>
</table>

Fuente: Elegibles and Insured by Region and Carrier
Presiona en la imagen de la tarjeta para información de servicios y beneficios según su región:

Suroeste y Este  
1-888-558-5501

Noreste y Sureste  
1-866-676-6060

Metro Norte y Oeste  
1-844-263-6063

Norte y San Juan  
1-844-347-7802
What this means in Oncology

• Limits access or continuity of care for patients living in “borderline” areas or who move while on treatment
“Cubierta Especial”

• Cancer is an illness for which a “special coverage” allows for patients on active chemotherapy or radiation therapy to get treatment without a “referral” from primary physician

• Many ancillary medications are denied:
  • Doxycycline for Cetuximab-associated rash
  • Tamoxifen for patients with DCIS
  • Tamoxifen/AI for patients once off chemo
Cubierta Especial still requires pre-authorization process

- Even with “cubierta” most chemotherapy medications need to undergo pre-authorization process
- Will vary among the 4 administrators
- Fax-based, time-consuming
- Some are approved on a month by month basis
- Leads to delay in therapy while increasing administrative burden on small practices with limited personnel
- Waived after Hurricane Maria
Medicare in Puerto Rico

- Over 500,000 lives = 20% population
- 75%-80% patients are under a Medicare HMO (Medicare Advantage)
  - MMM/PMC
  - Triple SSS
  - MCS
  - Constellation
  - Humana
- Average in mainland US was 33% for 2017
- Period for change has been extended until March 2018
## Medicare Rates
### 2016 vs 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico</td>
<td>$60.96</td>
<td>$74.32 (+22%)</td>
<td>$97.95</td>
<td>$145.59 (+48%)</td>
</tr>
</tbody>
</table>
“Medicare parity”

• Increase in 2017 and 2018 Medicare rates are a result of revised GPCI
• These increased rates are representative of the TRUE cost of an Oncology practice In Puerto Rico
• Unfortunately applies to only 20-25% of all Medicare patients
• Part B drugs are not adjusted based on locality (shipping, etc not taken into account)
• Small practices with less “purchasing power” for competitive drug pricing results in high percentage of underwater drugs
• Sequestration applied to drug reimbursement
Medicare Advantage: Disadvantage
SSS and MCS Advantage Rates 2018 are based on 2016 rates

<table>
<thead>
<tr>
<th></th>
<th>MA 99213</th>
<th>Medicare 99213</th>
<th>MA 96413</th>
<th>Medicare 96413</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico</td>
<td>$ 60.96 (-22%)</td>
<td>$ 74.32</td>
<td>$ 97.95 (-48%)</td>
<td>$ 145.59</td>
</tr>
</tbody>
</table>
MMM/PMC
No reimbursement for complexity of care

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medicare</th>
<th>MMM/PMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>$74.32</td>
<td>$55 (-35%)</td>
</tr>
<tr>
<td>99214</td>
<td>$109.66</td>
<td>$55 (-99%)</td>
</tr>
</tbody>
</table>

**DOCUMENTATION REQUIREMENTS FOR ESTABLISHED PATIENT VISITS**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>HISTORY: CC</th>
<th>HISTORY: HPI</th>
<th>HISTORY: ROS</th>
<th>HISTORY: PFSH</th>
<th>EXAM</th>
<th>MEDICAL DECISION MAKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>Required</td>
<td>1–3 elements</td>
<td>Pertinent</td>
<td>Not required</td>
<td>6–11 elements</td>
<td>Low complexity</td>
</tr>
<tr>
<td>99214</td>
<td>Required</td>
<td>4+ elements (or 3+ chronic diseases)</td>
<td>2–9 systems</td>
<td>1 element</td>
<td>12 or more elements</td>
<td>Moderate complexity</td>
</tr>
</tbody>
</table>
Typical chemo patient: Adria/Cytoxan

<table>
<thead>
<tr>
<th>Adm code</th>
<th>Medicare Adv</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zofran (96367)</td>
<td>23.24</td>
<td>32.19</td>
</tr>
<tr>
<td>Adria (96413)</td>
<td>97.95</td>
<td>145.59</td>
</tr>
<tr>
<td>Cytoxan (96417)</td>
<td>46.05</td>
<td>69.87</td>
</tr>
<tr>
<td>Add hr (96415)</td>
<td>21.91</td>
<td>31.83</td>
</tr>
<tr>
<td></td>
<td>189.15 (- 48%)</td>
<td>279.48</td>
</tr>
</tbody>
</table>
Medicare Advantage

- What business owner would want their rates cut by 22-99%
- Per the 2017 CMS call letter, there is an increase in 5% for MA plans but this has not been reflected in physician fees for 2018
- Rates for 2018 remain at 2016 Medicare FFS
- Difficult to lobby on an individual level
Executive Summary of 2018 MA Call Letter and Ratebook

1. **Positive Steps - CMS approved key policies** that are supportive of the MA program in 2018 for PR responding to proposals and request from the PR Government, Congress and healthcare community. **Critical Policies approved include:** (A) STARs methods, (B) Zero-claims adjustment, (C) STARs double bonus, (D) updates to Traditional Medicare costs – **BUT, we do not have a permanent solution for the MA base payment yet.**

2. **New Federal Republican Administration** is committed to continue supporting the enhancement of the **Medicare Advantage program in PR.** MA rates in 2018 for PR are summarized as follows:
   a) The base rate increase is 1.6% from 2017 to 2018
   b) The net impact to PR after considering the HIT is -.05% from 2017 to 2018.
   c) Quality changes made by CMS, impacting the highest quality plans in PR, yields a potential net overall increase of 4.9% (Quality is Key!!!).
   d) These fee changes should be weighed against an overall Healthcare cost trend/increase of 4%-7% expected in 2018.

3. **Reality Check:** The resulting 2018 average MA base payment rate for PR ($483) is still:
   a) 26% below the rates in the neighboring US Virgin Islands ($653),
   b) 39% below the average in the next lowest State (Hawaii at $788), and
   c) 43% below the national average MA rates ($849).
   d) Annual loss still estimated at $1 billion compared to 2011; close to $5B aggregate funding loss since the Affordable Care Act (ACA) was implemented in 2011.

4. **THANKS** – HHS, CMS, Governor of PR, Resident Commissioner, healthcare community – our hard work has been rewarded... But........

5. **THE WORK CONTINUES** with HHS/CMS leadership to share information and policy ideas on how to the protect the long-term viability of the MA program in PR, which is the backbone of the entire healthcare system.
Other issues: Medications
Drug reimbursement: Medicaid and Privates

• Unclear as to where information is obtained
• Medicare ASP drug prices should NOT be the standard for local plans

Medicare Part B Drug Average Sales Price

Manufacturer reporting of Average Sales Price (ASP) data

A manufacturer's ASP must be calculated by the manufacturer every calendar quarter and submitted to CMS within 30 days of the close of the quarter. Each report also must be certified by one of the following: the manufacturer's Chief Executive Officer (CEO); the manufacturer's Chief Financial Officer (CFO); or an individual who has delegated authority to sign for, and who reports directly to, the manufacturer's CEO or CFO.

For all data submissions made on or after January 1, 2012 (that is, submissions of 4Q2011 and subsequent data), manufacturers must use the 2012 revision of the Microsoft Excel template entitled “ASP Data Form (Addendum A).” Revisions to the Addendum A template include a validation macro, changes in the layout of the data fields, and new data fields. Additional information about the use of the revised Addendum A template is available in the Average Sale Price (ASP) Data Collection CM Validation Macro User Guide. Both the revised Addendum A template and the User Guide are available in the Downloads section below.
A: Todos los Hematólogos, Oncólogos y Urologos Contratados por First Medical Health Plan, Inc., para el Plan de Salud del Gobierno de Puerto Rico, Regiones Norte, San Juan y Virtual.

Re: Actualización del Tarifario de Administración de Medicamentos Intravenosos

Estimado Proveedor:

Reciba un cordial saludo de parte de First Medical Health Plan, Inc.

En First Medical Health Plan, Inc., (FMHP) estamos comprometidos en ofrecer un servicio de calidad a nuestros proveedores y beneficiarios del Plan de Salud del Gobierno de Puerto Rico (PSG). Parte de este compromiso es mantenerlo informado sobre las Políticas de Pago aplicables a cada proveedor, por lo cual deseamos informarle que hemos revisado el Tarifario de Administración de Medicamentos Intravenosos.

Recientemente le hicimos llegar, a través de correo electrónico el tarifario revisado. Estas tarifas serán efectivas a partir del 1 de enero de 2018 y serán aplicables a todos los Hematólogos, Oncólogos y Urologos Contratados por First Medical Health Plan, Inc., para el Plan de Salud del Gobierno de Puerto Rico, Regiones Norte, San Juan y Virtual que brindan servicios a los beneficiarios del PSG. Además, deseanos recordarle que algunos de estos códigos de procedimientos pueden requerir pre-autorización, por lo cual es importante que para estos servicios complete una Solicitud de Pre-autorización y la envíe a FMHP según los procesos establecidos.

Si tiene alguna otra pregunta o necesita información adicional, síntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802. Nuestro horario de servicio es de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede visitarnos a nuestras oficinas de Servicio de lunes a viernes de 8:00 a.m. a 5:00 p.m. o acceder a

CARTA CIRCULAR #M1607087

26 de julio de 2016

A TODAS LAS FACILIDADES DE QUIMIOTERAPIA AMBULATORIA, HEMATÓLOGOS, ONCÓLOGOS Y URÓLOGOS PARTICIPANTES DEL PLAN DE SALUD DE GOBIERNO EN LAS REGIONES METRO NORTE Y OESTE

REVISIÓN DE TARIFAS DE MEDICAMENTOS PARA EL TRATAMIENTO CONTRA EL CÁNCER

Revisamos los códigos y tarifas de medicamentos quimioterapéuticos y relacionados para las Facilidades de Quimioterapia Ambulatoria, Hematólogos, Oncólogos y Urologos según establecido en el contrato acuerdos con Triple-S Salud.

Le incluimos la lista de medicamentos con tarifas y códigos actualizados, que serán efectivos al 1 de julio de 2016. La tabla adjunta contiene códigos con cambios en algunas de las tarifas.

Estos medicamentos deben ser facturados incluyendo el código HCPCS en el espacio provisto por el formulario CMS 1500 para este propósito. Se reconocerá para pago aquellos medicamentos, que por política clínica o de pago Triple-S Salud se reconoczcan a la especialidad del proveedor.

Estas tarifas aplican solo a los medicamentos cubiertos bajo el beneficio médico para la condición de cáncer (no bajo el beneficio de Farmacia)
Use of Specialty Pharmacy

- Most are in Metro-San Juan area
- Limited access for patient-pharmacy interaction
- Increases administrative burden to physician’s office (which is NOT billable)
- Pre-authorization process tedious
- Poor communication between pharmacy and insurance company
- Increasing steps results in delay of therapy
- However, SP still necessary with increasing drug prices
The “one month rule”
Hurricane Maria: 9/20/2017
Cancer Care Task Force

• Listserv for email communication
• Weekly phone meetings
• Participants:
  • PR: Dr. José Lozada, Dr. Lourdes Feliciano, Dr. José Dávila
  • FLASCO: Dr. Mike Díaz, Dr. Gerry Colón, Dorothy Green, Julie Newberry
  • COA: Ted Okon, Tracy Havens, Mary Kruczynski
  • Cancer Care: Brian Tomlinson
  • American Cancer Society: Megan Wessel
  • Leukemia Lymphoma Society: Seth Berkowitz
  • ASCO: Terry Cox
  • Sylvester Comprehensive Cancer Center: Dr. Gilberto de Lima
Disaster Relief Fund for PR cancer patients

Disaster Relief

CancerCare provides information, resources and support for people coping with cancer who are affected by natural disasters.
Funds were utilized for

To date, almost $500,000 has been raised specifically to support cancer patients in Puerto Rico

$500 grants to 809 patients.

We have provided almost 1,000 rides to and from treatment through Trasncita.

We still have funding available for transportation

Fundraising efforts to resume direct to patient grants
Other aid

• Satellite phones
  • Distributed by zones to cover the Island

• Supplies:
  • 7,000 IVF bags
  • Made available to Oncologists throughout the Island

• Leukemia Lymphoma Society
  • Direct-to-patient grants

• Local oncologists have been helping on an individual and/or group basis
Final thoughts

• The times ahead are uncertain:
  • How many patients left the Island?
  • Will they return?
  • Medicaid funding?
  • Medicare Advantage rates?

• Grateful for all who have helped through these difficult times
• We remain committed to our patients and their adequate care