

May 23, 2022

Xavier Becerra, Secretary
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5527-P2
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Radiation Oncology (RO) Model proposed rule; CMS-5527-P2

Dear Secretary Becerra:

The American Association of Physicists in Medicine¹ (AAPM) is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the April 8, 2022 *Federal Register* notice regarding the Radiation Oncology (RO) Model proposed rule.

CMS proposes to delay the start of the RO Model to a date to be determined through future rulemaking and to modify the definition of model performance period at 42 CFR 512.205 to reflect this policy. Additionally, the Agency notes that additional information regarding the Oncology Care Model, which is set to expire on June 30, 2022, is forthcoming.

The AAPM supports the CMS proposed rule to delay implementation of the RO Model until our previously reported issues of concern are resolved.

While the AAPM supports CMS efforts to establish a value-based alternative payment methodology for radiation oncology that would reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries, we continue to have grave concerns regarding the RO Model, specifically the payment and pricing methodology, undue administrative and financial burden, and the potential negative impact on Medicare beneficiary access to safe and high-quality cancer care. Severe consequences include limiting access to care by closure of radiation oncology facilities or reduction of services, which, in particular will especially impact underserved populations and initiatives seeking to

¹ The American Association of Physicists in Medicine (AAPM) is the premier organization in medical physics, a broadly-based scientific and professional discipline encompassing physics principles and applications in biology and medicine whose mission is to advance the science, education and professional practice of medical physics. Medical physicists contribute to the effectiveness of radiological imaging procedures by assuring radiation safety and helping to develop improved imaging techniques (e.g., mammography CT, MRI, ultrasound). They contribute to development of therapeutic techniques (e.g., prostate implants, stereotactic radiosurgery), collaborate with radiation oncologists to design treatment plans, and monitor equipment and procedures to insure that cancer patients receive the prescribed dose of radiation to the correct location. Medical physicists are responsible for ensuring that imaging and treatment facilities meet the rules and regulations of the U.S. Nuclear Regulatory Commission (NRC) and various State regulatory agencies. AAPM represents over 7,000 medical physicists.

address healthcare disparities. Reducing payment will not improve quality but jeopardize access to safe and effective radiation treatments by putting too much financial strain on radiation oncology practices that have no choice but to participate. With no positive incentives, payment cuts of this magnitude to required RO Participants are unjustified. The current RO Model policy does not meet the intent of the MACRA legislation nor move toward value-based payments.

The current RO Model policy is complicated and requires changes to coding, claims generation, claims processing, participant-specific modifiers and adjustments, withhold calculations, payment programming, and software updates for electronic health records (EHRs). Operationalizing the RO Model on both the Medicare contractor side and mandatory RO Participant side will be extremely challenging.

The AAPM has submitted numerous comment letters to CMS regarding the current policy and provided recommendations to improve the RO Model. **The AAPM urges CMS to modify the current RO Model design to simplify and reduce administrative and financial burdens to mandatory RO Participants.**

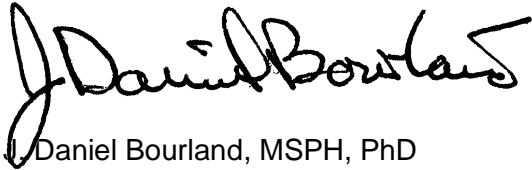
The AAPM supports a radiation oncology alternative payment model that provides fair and predictable payment to protect Medicare beneficiary access to cancer care, and incentivizes the appropriate cancer treatments that result in the highest quality of care and best patient outcomes.

We understand that CMS may consider developing a Total Cost of Care (TCOC) model for oncology care. For cancer care, it is imperative that CMS create a radiation therapy episode-based payment nested within a broader TCOC model. This is particularly important for a TCOC model for cancer care, which involves multiple modalities of treatment with very distinct cost and care delivery requirements frequently provided at different organizations. Radiation therapy is an appropriate candidate for episode-based payment since it is a distinct component of care within the broader cancer care continuum.

Without careful consideration of all of the services delivered to a patient undergoing cancer treatment, CMS runs the risk of setting back all of the advances that have been made in cancer therapies over the last 50 years. A TCOC model must acknowledge and support the science associated with existing regimens of multimodality treatment (i.e., surgery, chemotherapy and radiation therapy). CMS needs to commit to the existing standards of care and support their continued use through reasonable and stable payment rates that include payment for wrap around services that benefit the most vulnerable cancer patients. Cancer treatments that have already demonstrated high-value and quality for the majority of patients treated should be protected and secured well into the future. The significant costs of cancer care must be considered based on modality of treatment to ensure that the various providers involved in care can ensure that the patient is getting the best treatment based on their diagnosis. **CMS should focus on payment models that allow discrete episodes of care that are focused on health equity and high-quality cancer care.**

We hope that CMS will carefully consider these critical issues to improve the RO Model policy. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (561) 631-0677.

Regards,

Handwritten signature of Daniel Bourland in black ink.

Daniel Bourland, MSPH, PhD
President, American Association of Physicists in Medicine
Professor, Departments of Radiation Oncology,
Physics, and Biomedical Engineering
Wake Forest School of Medicine

Handwritten signature of Michele Ferenci in black ink.

Michele Ferenci, Ph.D.
Chair, Professional Economics Committee