

## Radiation Centers Among Most At Risk To Misinterpretation Of Provider Pay Data

Radiation centers, imaging equipment makers and oncologists are pushing back against CMS' release of Medicare physician-pay data because they say the information is particularly misleading for services that involved expensive equipment and drugs.

CMS this month released an unprecedented amount of data on the types of medical services and procedures that physicians provide, including some pay and charge data related to those services. Doctor groups were united in their opposition to the release. They worry that large Medicare payments illustrated by the data will make it appear that many doctors are abusing the system, even though they are doing nothing wrong.

Those most worried are those with high overhead costs or those who have large staffs billing through a single physician.

The Radiation Therapy Alliance, which represents freestanding radiation therapy centers and equipment makers, argues that the data CMS released does not represent the cost associated with quality cancer care. Radiation centers use equipment that costs on average more than \$3.5 million. However, the Medicare payment data for freestanding radiation oncologists include payments to physicians for their work and payments to their practices for the purchase of equipment. Also, the data includes the cost of services by medical physicists, dosimetrists, radiation therapists, and others who are under a radiation oncologist's supervision.

In the case of hospital-based radiation oncologists, these costs are paid directly to hospitals.

"Interpretations that the CMS data reflect profits to freestanding radiation oncologists, rather than reimbursement for the purchase of costly equipment and extensive clinical support personnel, is wildly misleading and do not reflect differences in overhead costs for doctors," the Radiation Therapy Alliance states.

The CMS data does not appropriately compare hospital and freestanding oncology payments, according to the alliance.

The total cost of radiation oncology care is typically higher at hospitals than at freestanding clinics, but additional payments to hospitals are not included in the data that CMS released, the alliance states.

The public also cannot compare the quality of care based on the payment data, and the data does not account for whether some doctors are treating sicker, more expensive patients.

Likewise, the Association of Community Cancer Centers and the Community Oncology Alliance say giving an incomplete picture of costs is a disservice to the public. Cancer treatment involves very costly anti-cancer drugs. Much of what oncologists charge Medicare is paid to drug manufacturers and distributors to pay for high-cost cancer treatments.

"CMS has stated that 'this data release will help beneficiaries and consumers better understand how care is delivered through the Medicare program,'" states the Community Oncology Alliance. "That is impossible given that the data is simply an unscientific and inconsistent sample of reimbursement claims data -- it provides no metrics on quality and value. The Community Oncology Alliance believes that the data may well confuse seniors and others with cancer, adding unnecessary angst to an already emotional situation."

Another common complaint is that doctors did not get to review the data before CMS published it, which is inconsistent with CMS policy. This year, information about payments from drug and device makers to physicians will be released as part of the Physician Payment Sunshine Act. That law lets physicians review data before it is published.

"Given that CMS has allowed for a review period in this instance, the lack of the same opportunity for these just-released data is concerning," states the Association of Community Cancer Centers.