

## RADIATION ONCOLOGISTS WANT CONGRESS TO DELAY MANDATORY DEMO

Radiation oncologists vowed to go to Congress if CMS doesn't delay its plans to kick off on January 1, 2021 a mandatory radiation oncology 90-day episode-of-care payment bundle demonstration for those providers, as they say starting a new model during the pandemic won't work.

CMS released its final plans for the demonstration project on September 18th, and the demo is set to require participation from providers in randomly selected locations across the country. The final rule would provide bundled payments for a 90-day episode of care to certain radiotherapy providers and suppliers furnishing radiotherapy for: anal cancer, bladder cancer, bone metastases, brain metastases, breast cancer, cervical cancer, CNS tumors, colorectal cancer, head and neck cancer, liver cancer, lung cancer, lymphoma, pancreatic cancer, prostate cancer, upper gastrointestinal cancer, and uterine cancer.

While stakeholders commended CMS for shrinking number of radiation oncology episodes that are part of the mandatory bundled payment program from 40% down to 30%, radiation oncologist groups said CMS is still going too far for an untested demonstration. They added that physicians can't deal with a January 1, 2021 start date while also handling the negative consequences of COVID-19, like staff shortages.

"ASTRO has worked with CMS and bipartisan legislators for several years toward a viable payment model for radiation oncology that would support stable and fair payments, drive adherence to nationally recognized clinical guidelines and improve patient care," Theodore DeWeese, chair of the American Society for Radiation Oncology board of directors, said in a statement. "We are hopeful that CMS and Congress are open to reconsidering a start date that would be realistic and not derail this unique opportunity."

CMS has been working for at least five years on this bundled payment system for oncology services and the agency released its draft radiation oncology model in July 2019. The agency says the rule would save Medicare \$230 million over five years and improve outcomes.

"Today, Medicare payment for radiotherapy is based on the number of treatments a patient receives and where they receive it, which can lead to spending more time traveling for treatment with little clinical value," CMS Administrator Seema Verma said in a statement. "That's why the Trump administration has developed a new innovative model that allows patients and providers to focus on better outcomes for patients."

But Community Oncology Alliance Executive Director Ted Okon said making an innovation center model mandatory is a way for CMS to go around Congress.

"We are totally against mandatory models. It wasn't contemplated by CMML... what these mandatory models effectively do is, it's a way of bypassing Congress in terms of changing the reimbursement systems as opposed to non-mandatory," Okon said. "If you have a non-mandatory model and it's a good model or it has the promise of being a good model, then practices will sign up for it."

Okon said he is very concerned about the model's timing as physicians in the randomly selected geographical areas could be right in the thick of the pandemic.

It's one thing to be thinking about how to operate under a new payment structure while still trying to provide the same level of care and stay open, Okon said, but it's another ordeal to figure this out during a pandemic.

One of the comments submitted to CMS on the proposed version was concerned about overall financial stability due to payment disruptions from the rule.

CMS said the agency would keep an eye on beneficiary access throughout the program, but thinks the demonstration provides site-neutral, more predictable payments to participants.