

RADIATION ONCOLOGY STAKEHOLDERS ASK CMS TO RETHINK ALTERNATIVE PAYMENT MODEL TIMELINE, CUTS

Radiation oncologists and other physician groups are asking the Centers for Medicare and Medicaid Services (CMS) to push back the radiation oncology alternative payment model (RO Model) implementation date and ease cuts that are built into the RO Model, especially given the ongoing COVID-19 pandemic.

"A 90-day timeline for implementation was unrealistic under the best of circumstances. The last thing radiation oncology participants need right now is a mandated distraction from patient care and additional fears of financial strain. Yet, that is exactly what implementing the RO Model on January 1, with the required significant payment cuts, will do," the groups say in an October 2nd letter to HHS Secretary Alex Azar and CMS Administrator Seema Verma.

The groups ask CMS to push back the mandatory RO Model demonstration to January 2022, or at the earliest, next July, in part because of the COVID-19 pandemic and its effect on outpatient services.

CMS on September 18th released its final plans for the alternative payment model, which will require participation from providers in randomly selected locations across the country. The final rule calls for 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. The alternative payment model is set to start on January 1, 2020.

Providers almost immediately called for CMS to delay the demonstration and said they would ask Congress to step in if the Agency didn't act.

The October 2nd letter argues the cuts CMS has built into the model are so steep they could hurt the quality of care and don't match how other alternative payment models are put together. The discount factor should be no more than 3%, the groups say.

"The final rule estimates cuts of 6% to participating group practices and 4.7% cuts to hospital outpatient departments. Further, our analysis reveals virtually no upside potential for required participants, as any hint of 'payment stability' is negated by the discount factors and withholds," the groups say in the letter.

Rural practices will be particularly hard hit if CMS doesn't push back the model or ease the incorporated pay cuts, according to the groups, as the policy to allow low-volume providers to opt out is set so low that few will be able to take advantage of the opt-out. The policy says providers with fewer than 20 episodes in the past year can choose not to participate.

"We urge CMS to work with the stakeholder community to develop a more appropriate opt-out mechanism that recognizes the challenges faced by small, rural practices," the letter says.

The letter was signed by the American Association of Medical Dosimetrists, **American Association of Physicists in Medicine**, American Brachytherapy Society, American College of Radiation Oncology, American College of Radiology, American Society for Clinical Oncology, American Society for Radiation Oncology, American Medical Association, Medical Group Management Association and the Society for Radiation Oncology Administrators.