What is the RO Model and How will it Impact Practices?

Anne Hubbard, ASTRO Director of Health Policy

Agenda

- What is the RO Model?
- What happens next?
- How do I prepare?
- Practice Impact

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RO Model Timeline

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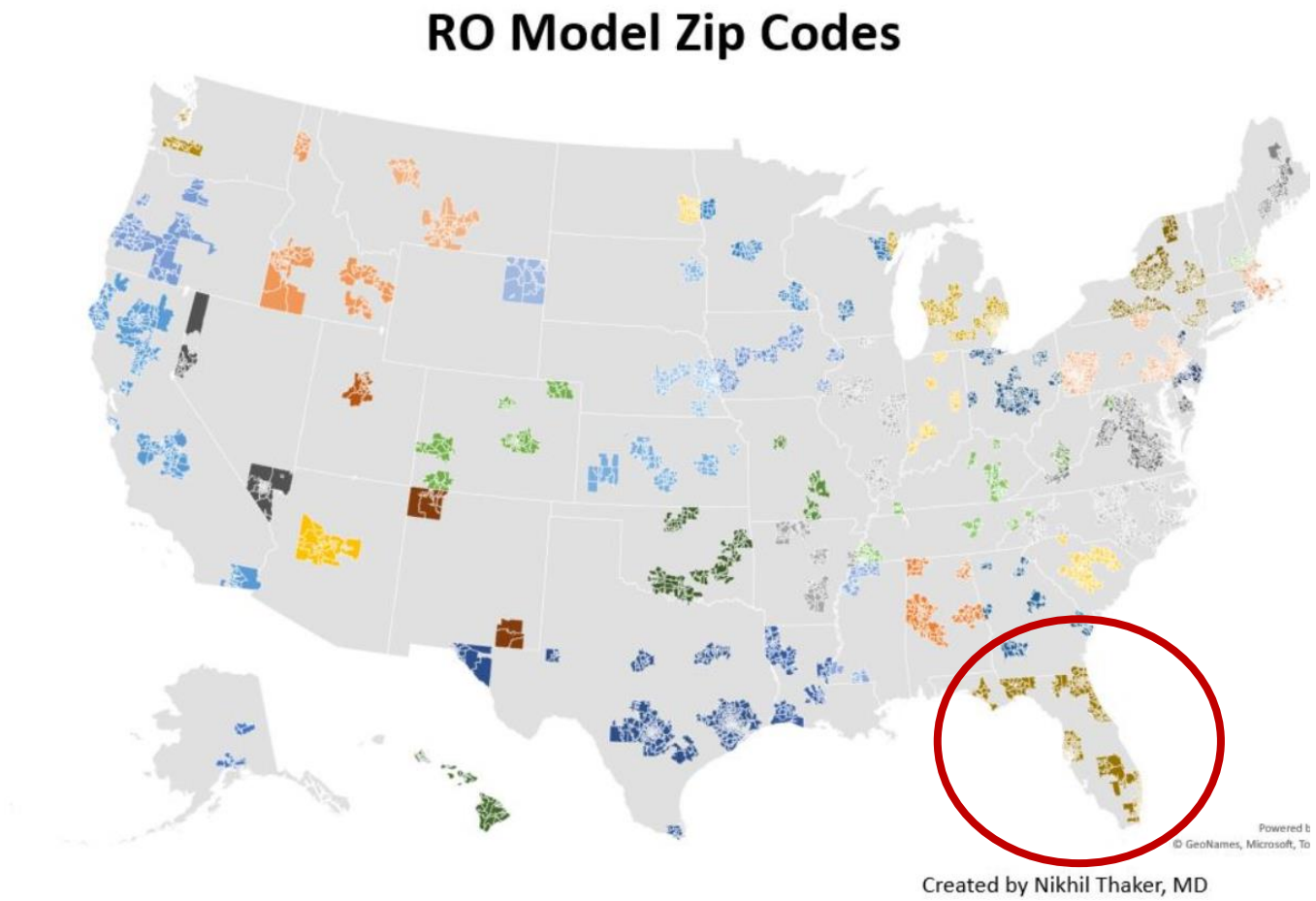
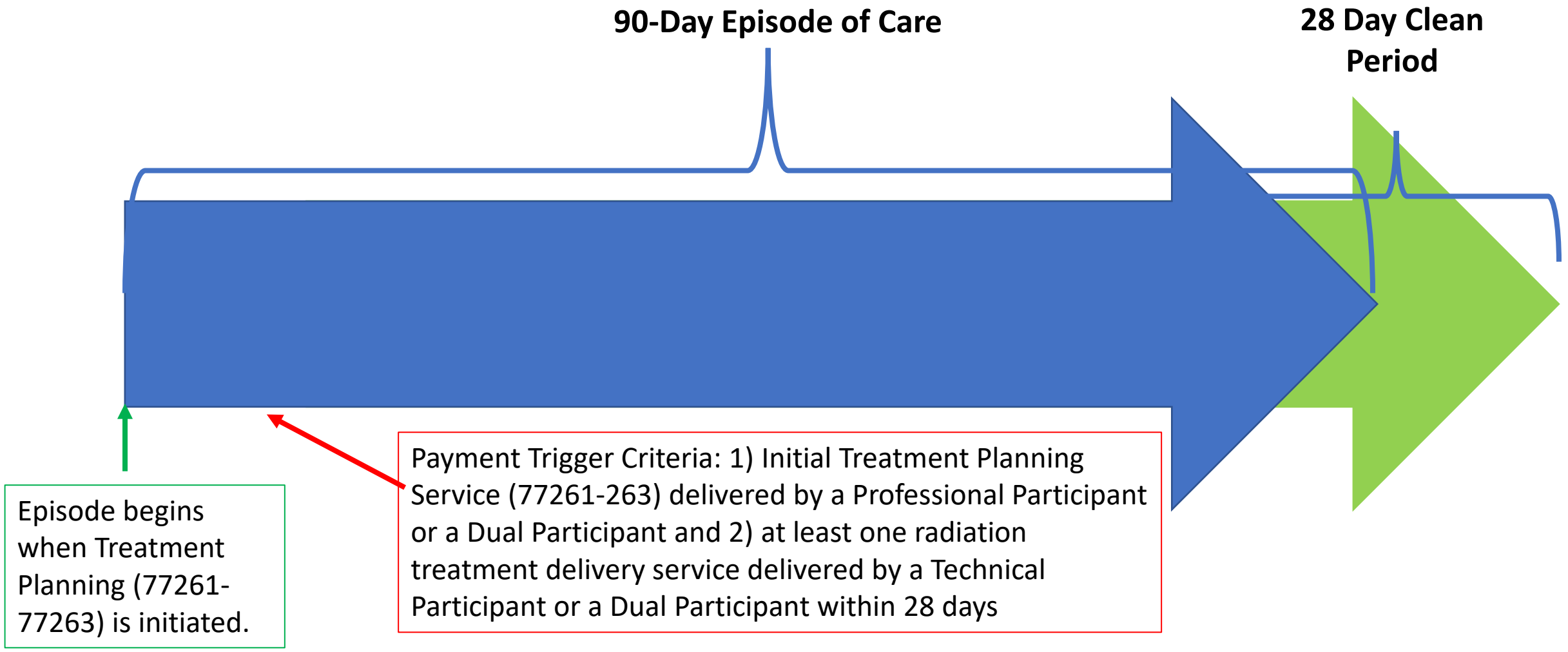
Mandatory participation



- 30% of all RO episodes in eligible geographic areas will be included in the model.
- $160 million in savings over 5 years
- 500 group practices
- 450 hospital outpatient departments

Episode Length and Trigger



RO Participants

- **Professional Participant** = PGPs, identified by a single TIN, that deliver only the professional component of radiation therapy services at either a freestanding or Hospital Outpatient Department (HOPD)
- **Technical Participant** = HOPDs or freestanding center, identified by a single CCN or TIN, which delivers only the technical component of radiation therapy services.
- **Dual Participant** = A RO participant, identified by a single TIN, that delivers both the professional and technical radiation therapy services through a freestanding radiation therapy center.

Medicare FFS Beneficiaries

- Any Medicare FFS beneficiary receiving radiation therapy for at least one identified cancer type.
- Medicare FFS beneficiaries participating in clinical trials for radiation therapy services, excluding PBT trials
- RO Participants must notify Medicare beneficiaries that they are participating in the RO Model by providing a written notice.
    - Beneficiaries have the right to refuse sharing clinical data. In those cases the participant must notify CMS.
- Medicare FFS beneficiaries are responsible for 20% of the cost of care

Exemptions

- Low-Volume Opt-Out
  - 20 or fewer RT episodes across all CBSAs selected for participation in the most recent year with available claims data
  - CMS will notify practices that qualify for the opt-out 30-days prior to the beginning of the performance year
  - Practices that wish to opt-out must attest to their intention to opt-out
- Centers in MD, VT, US Territories, ASCs, CAHS, PPS-Exempt Cancer Hospitals and Penn Rural Health Model Participants are exempt

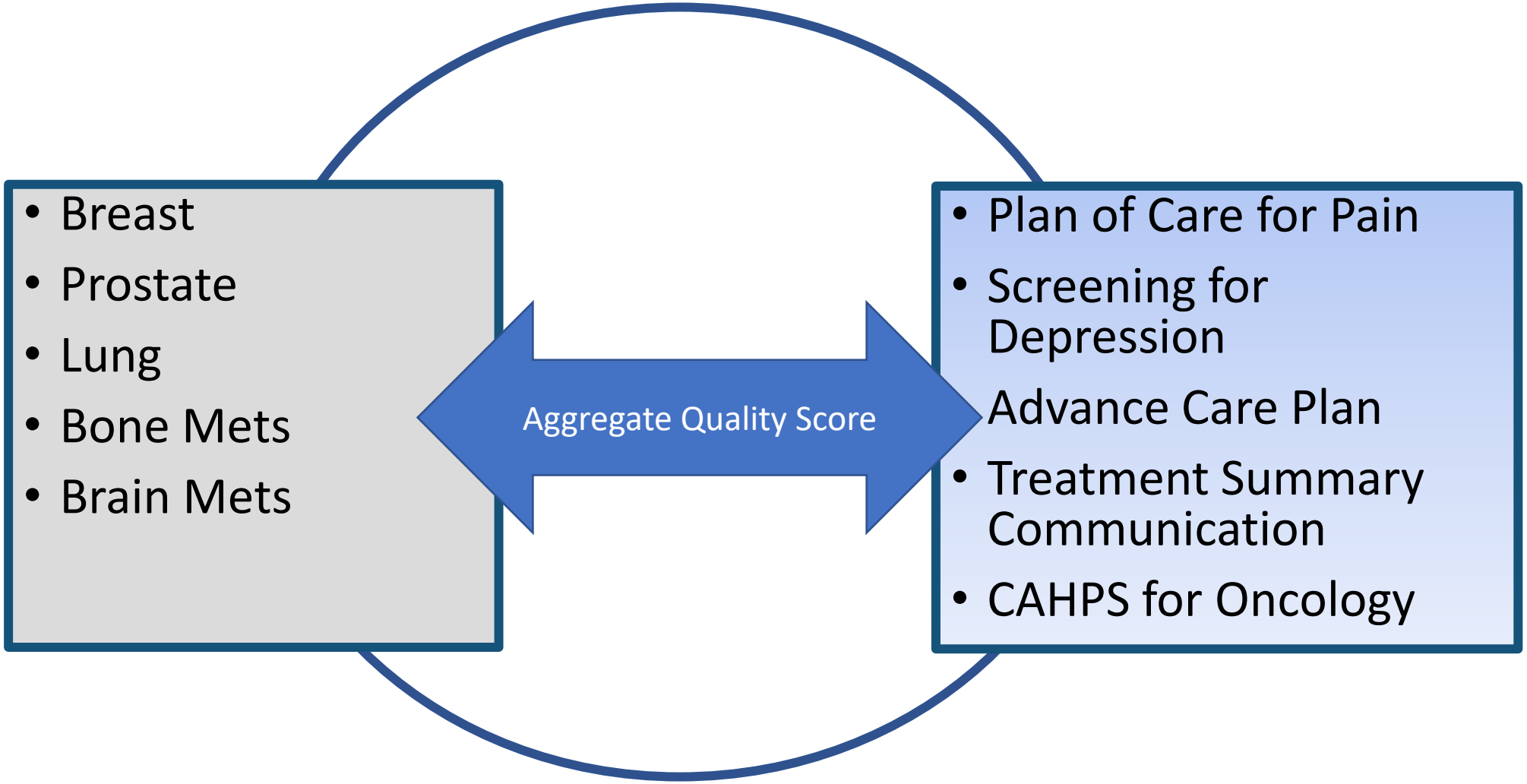
RO Model Services Include Treatment Planning through the Delivery of Treatment

LIST OF RO MODEL BUNDLED HCPCS			
HCPCS	HCPCS Description	HCPCS	HCPCS Description
77014	CT guidance for placement of	77412	Radiation treatment delivery
77021	MRI guidance for needle placement	77417	Radiology port images(s)
77261	Radiation therapy planning	77427	Radiation tx management x5
77262	Radiation therapy planning	77431	Radiation therapy management
77263	Radiation therapy planning	77432	Stereotactic radiation trmt
77280	Set radiation therapy field	77435	SBRT management
77285	Set radiation therapy field	77470	Special radiation treatment
77290	Set radiation therapy field	77499	Radiation therapy management
77293	Respirator motion mgmt simul	77520	Proton trmt simple w/o comp
77295	3-d radiotherapy plan	77522	Proton trmt simple w/comp
77299	Radiation therapy planning	77523	Proton trmt intermediate
77300	Radiation therapy dose plan	77525	Proton treatment complex
77301	Radiotherapy dose plan IMRT	G0339	Robot lin-radsurg com, first
77306	Telethx isodose plan simple	G0340	Robot lin-radsurg fractx 2-5
77307	Telethx isodose plan cplx	G6001	Echo guidance radiotherapy
77321	Special teletx port plan	G6002	Stereoscopic x-ray guidance
77331	Special radiation dosimetry	G6003	Radiation treatment delivery
77332	Radiation treatment aid(s)	G6004	Radiation treatment delivery

Payment Methodology

1. National Base Rates
2. Application of a Trend Factor
3. Geographic Adjustment
4. Case Mix, Historical Experience & Blend
5. Discount Factor
6. Withholds for Incorrect Payments and Quality Measures Performance
7. Co-Insurance
8. Sequestration

Clinical Data Elements & Quality Measures



cahps® Surveys and Tools to Advance Patient-Centered Care

AHRQ Agency for Healthcare Research and Quality

Cancer Care Survey

- Select patient experience measures
- Incorporated into AQS in PY 3
- Will be used as basis for future set of patient experience measures

Reconciliation and True Up Process
PY 2022

RO Model Stop Loss Policy

- 20% stop loss applied to those RO Participants who have fewer than 60 episodes in the 2017-2019 baseline period
- Used to address significant shifts in payment between FFS and RO Model
  - CMS will use no-pay claims data to determine what RO participant would have made under FFS as compared to RO Model
  - CMS will pay RO participant retrospectively for losses in excess of 20% of what they would have been paid under FFS

RO-ILS®

RADIATION ONCOLOGY INCIDENT LEARNING SYSTEM

Sponsored by ASTRO and AAPM

CMS requires RO Participants to attest to participation in an AHRQ listed patient safety organization (PSO), such as Clarity, which contracts with the ASTRO RO-ILS program.

Monitoring thru EHR Documentation

- Discuss goals of care
- Adhere to nationally recognized, evidence-based treatment guidelines
- Assesses the Medicare beneficiaries' TNM cancer stage
- Assesses the Medicare beneficiaries' performance status
- Send a treatment summary to referring physician within 3 months
- Discuss financial responsibilities with each Medicare beneficiary
- Perform and document Peer Review

Monitoring thru EHR Documentation

- Peer Review required preferably prior to start of treatment but in all cases before 25% of dose and two weeks of treatment have passed
- Perform and document Peer Review
  - PY1 50% of new patients
  - PY2 55% of new patients
  - PY3 60% of new patients
  - PY4 65% of new patients
  - PY5 70% of new patients

Certified Electronic Health Records Technology (CEHRT)

- Each RO Participant must use 2015 Base Edition CEHRT
- Advanced APM criteria require that at least 75% of eligible clinicians in the APM entity use CEHRT to document and communicate clinical care
- Attestation is required by all participants 30 days prior to the start of the year

Advanced APM and MIPS APM

- CMS is designated the RO Model as an Advanced APM and MIPS APM
- The Agency limits the 5% bonus to the PC component only.
- Practices must meet Qualified Advanced APM Thresholds to achieve Advanced APM QP status
  - 50% of Medicare Part B payments generated through participation in an Advanced APM, **OR**
  - 35% of Medicare patients received care through an Advanced APM

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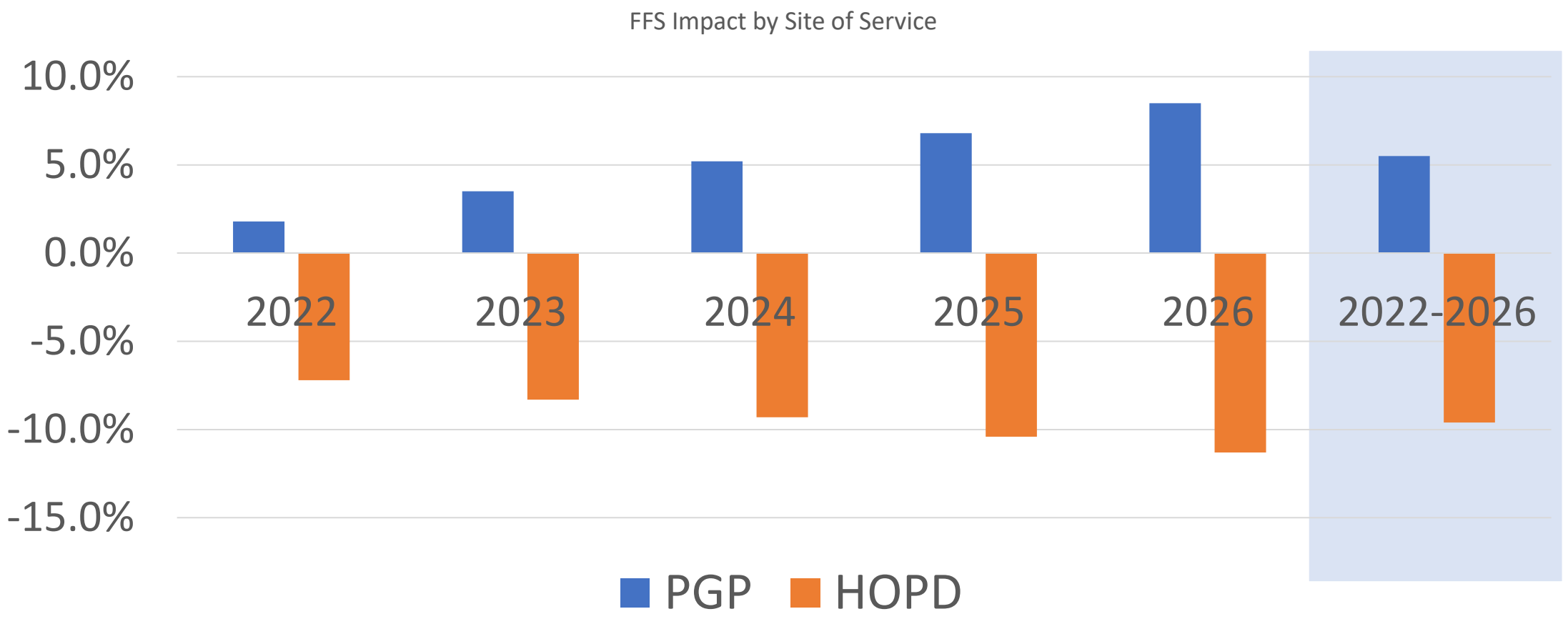
2022 HOPPS Proposed Rule

- Reduced Discount Factors – 3.75% to 3.5% on PC and 4.75% to 4.5% on TC
- Savings Target Reduced from $230M to $160M
- Shift in Performance Period 2016-2018 to 2017-2019
- Removal of Brachytherapy and Liver Cancer
- Clinical Data Elements and Quality Measure Reporting Guide
- Track One and Track Two
- Extreme and Uncontrollable Circumstances

RO Model Medicare Savings Estimate

ESTIMATES OF MEDICARE PROGRAM SAVINGS (MILLIONS $) FOR RADIATION ONCOLOGY MODEL						
	Year of Model					
	2022	2023	2024	2025	2026	Total*
Net Impact to Medicare Program Spending	$ (20)	$ (30)	$ (20)	$ (40)	$ (40)	$ (160)
Change to Incurred FFS Spending	$ (20)	$ (20)	$ (30)	$ (30)	$ (30)	$ (130)
Changes to MA Capitation Payments	$ (10)	$ (20)	$ (20)	$ (20)	$ (30)	$ (100)
Part B Premium Revenue Offset	$ 10	$ 10	$ 10	$ 10	$ 10	$ 60
Total APM Incentive Payments	$ -	$ -	$ 10	$ -	$ -	$ 10
Episode Allowed Charges	$ 830	$ 870	$ 910	$ 960	$ 1,000	$ 4,580
Episode Medicare Payment	$ 650	$ 680	$ 710	$ 750	$ 780	$ 3,570
Total Number of Episodes	53,300	54,900	56,400	58,000	59,600	282,200
Total Number of Beneficiaries	51,900	53,500	54,900	56,500	58,100	250,200
*Negative spending reflects a reduction in Medicare spending, while positive spending reflects an increase.						
*Totals may not sum due to roundingand from beneficiares that have cancer treatment spanning multiple years.						

RO Model Impact on Medicare FFS Payments



Cancer Types

- 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 GI Cancer
- Uterine Cancer

Included Services & Modalities

Services	Modalities
• Treatment planning • Dose planning • Radiation physics and dosimetry • Treatment devices • Special services • Treatment delivery • Treatment management	• 3-D Conformal Radiotherapy • IMRT • SRS • SBRT • PBT • IGRT • Brachytherapy

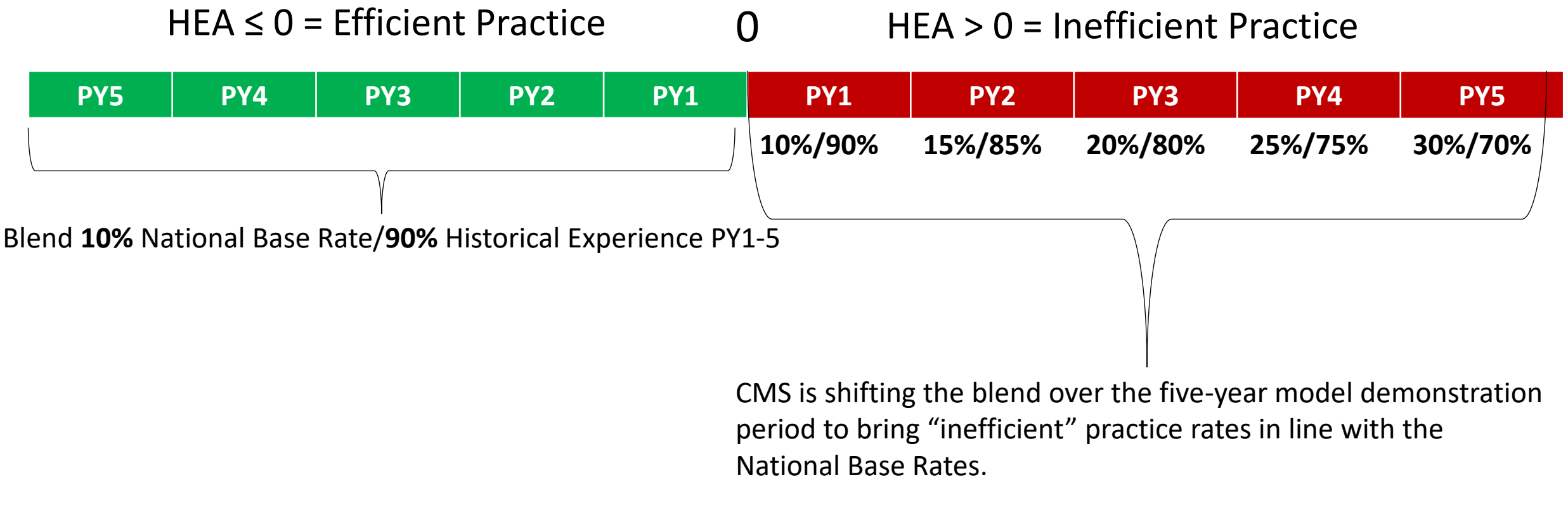
NATIONAL BASE RATES						
CANCER_TYPE	2021 PC	2022 PC	% Change	2021 TC	2022 TC	% Change
Anal Cancer	$3,001	$3,104	3%	$ 16,544	$ 16,801	2%
Bladder Cancer	$2,688	$2,787	4%	$ 13,292	$ 13,556	2%
Bone Metastases	$1,398	$1,446	3%	$ 5,972	$ 6,194	4%
Brain Metastases	$1,602	$1,652	3%	$ 9,649	$ 9,879	2%
Breast Cancer	$2,081	$2,060	-1%	$ 10,129	$ 10,002	-1%
CNS Tumor	$2,511	$2,558	2%	$ 14,711	$ 14,762	0%
Cervical Cancer	$3,829	$3,037	-21%	$ 17,581	$ 13,560	-23%
Colorectal Cancer	$2,449	$2,508	2%	$ 12,040	$ 12,201	1%
Head and Neck Cancer	$3,019	$3,108	3%	$ 17,485	$ 17,497	0%
Liver Cancer	$2,082	$ -	$ -	$ 11,976	$ -	$ -
Lung Cancer	$2,181	$2,231	2%	$ 11,994	$ 12,142	1%
Lymphoma	$1,690	$1,724	2%	$ 7,855	$ 7,951	1%
Pancreatic Cancer	$2,394	$2,481	4%	$ 13,384	$ 13,637	2%
Prostate Cancer	$3,260	$3,378	4%	$ 20,249	$ 20,416	1%
Upper GI Cancer	$2,586	$2,667	3%	$ 13,530	$ 14,623	8%
Uterine Cancer	$2,436	$2,737	12%	$ 11,869	$ 14,156	19%

- Removal of **brachy**
- Change to look back from **2016-2018** to **2017-2019**
- Positive increases are good **BUT…** we remain concerned that the rates **include palliative** care episodes and **do not properly reflect MPFS pro-fee** costs.

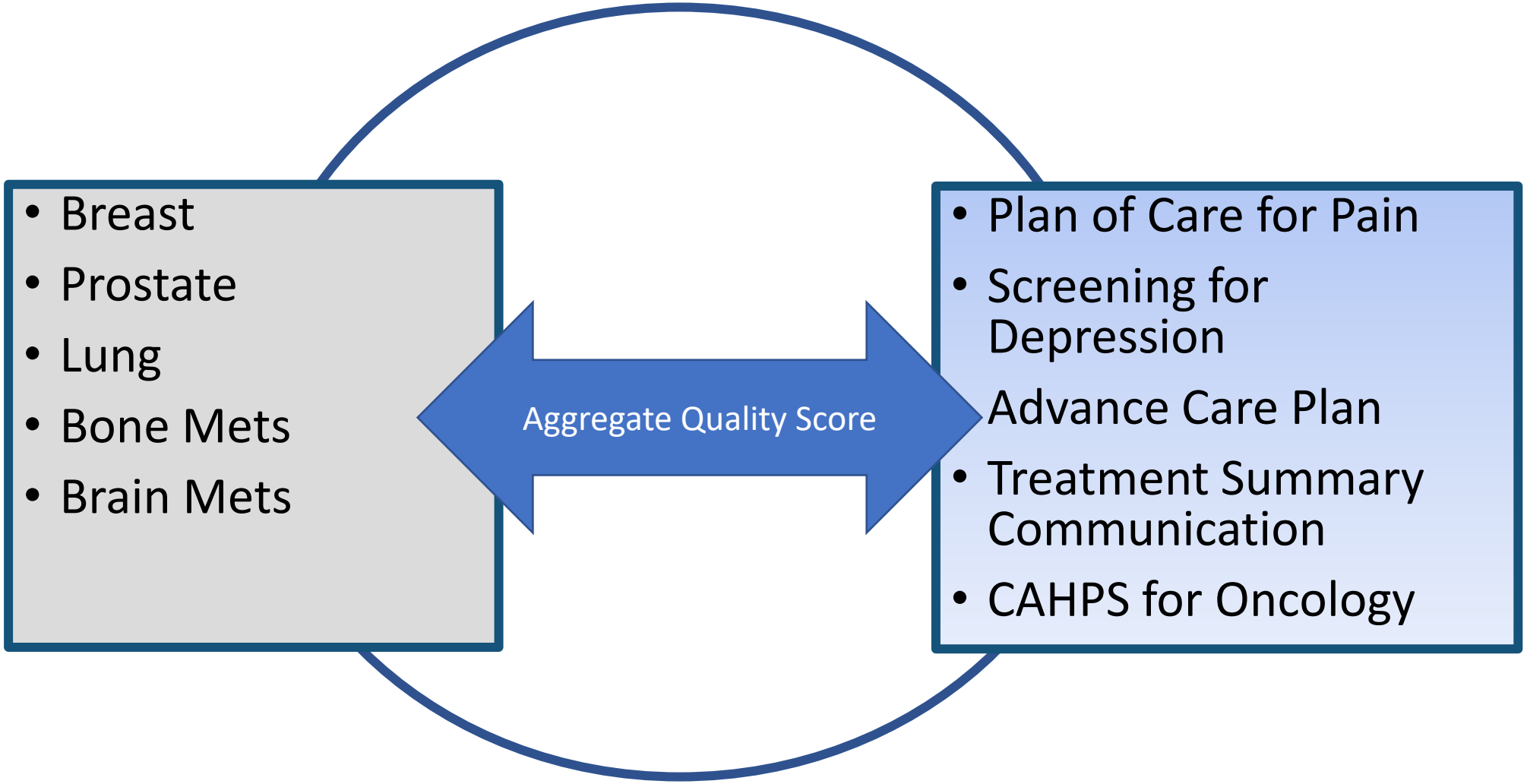
Reduction of the Discount Factor

- Professional Component – 3.75% to 3.5%
- Technical Component – 4.75% to 4.5%
- CMMI says it can reduce discount factors by .25 because of the elimination of brachy and liver cancer
- **Still higher than ASTRO recommended 3% or less.**

Efficient vs. Inefficient Blend Explained



Clinical Data Elements & Quality Measures



Aggregate Quality Score (AQS)

- Quality measures will be scored as pay-for-performance or pay-for-reporting depending on whether established benchmarks exist
  - 10 points will be rewarded for performance on each measure
  - Points will be recalibrated in instances when there are 20 or fewer cases for a given measure
- To calculate the AQS, CMS will sum each Professional participant's or Dual participant's points awarded for quality measures performance (50% weight) with the points for clinical data element reporting (50% weight) to reach a value between 0 and 100 points.
- The AQS is calculated 8 months after the end of the performance period.

Table 1. Required clinical data elements

	Breast	Prostate	Lung	Bone metastases	Brain metastases
RO Model identifier	✓	✓	✓	✓	✓
Medicare beneficiary identifier	✓	✓	✓	✓	✓
ECOG or KPS score	✓	✓	✓	✓	✓
AJCC TNM staging	✓	✓	✓		
Intent of treatment	✓	✓	✓		
Histology	✓		✓		
Laterality	✓				
ISUP Grade Group or Gleason score		✓			
Anatomic target[a]	✓	*(opt.)*	*(opt.)*		
Fractions[a]	✓	*(opt.)*	*(opt.)*		
Dose per fraction[a]	✓	*(opt.)*	*(opt.)*		
Total dose[a]	✓	*(opt.)*	*(opt.)*		
Prior RT to an overlapping area				✓	
Prior RT to brain					✓

Clinical Data Elements & Quality Measure Reporting Requirements

CDEs

- At least 95% of RO beneficiary episodes – Medicare FFS beneficiaries only
- July reporting for January through June episodes
- January reporting for July through December episodes
- CMMI has issued CDE templates for manual completion

Quality Measures

- Must report on all patients, not just Medicare FFS beneficiaries
- Reporting deadline is March 31 following each performance year

ASTRO is pushing for a delay in the CDE requirements and for burden reduction

Track One and Track Two

- Track One – Professional and Dual Participants who meet RO Model requirements
  - Will be eligible for QP determination which designates Advanced APM status.
- Track Two – All Technical Participants and those Professional and Dual Participants unable to meet CHERT attestation requirements
  - There is no QP determination, this presents three challenges
    - MIPS Exempt Practices
    - PI Exempt MIPS Participating Practices
    - EHR Ownership Issues Left Unaddressed

Extreme and Uncontrollable Circumstances (EUC)

- An EUC is a circumstance that is beyond the control of one or more RO Model participants. It adversely impacts the participant's ability to deliver care in accordance with the RO Model requirements and affects the entire region or locale.
- Proposed qualifying factors:
  - RO participant is furnishing services within a geographic area considered to be an "emergency area" during an "emergency period"
  - A state of emergency has been declared in the relevant geographic area
- Nation-wide EUC may warrant a delay in the start date by up to one calendar year.

Extreme and Uncontrollable Circumstances (EUC)

- Allows CMMI to grant exceptions to RO Model requirements to ensure delivery of safe and efficient health care; and revise the RO Model's payment methodology.
- CMMI may:
  - Amend the performance period
  - Eliminate or delay certain reporting requirements
  - Amend the payment methodology

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Anticipated Release of HOPPS Final Rule – Nov. 2021

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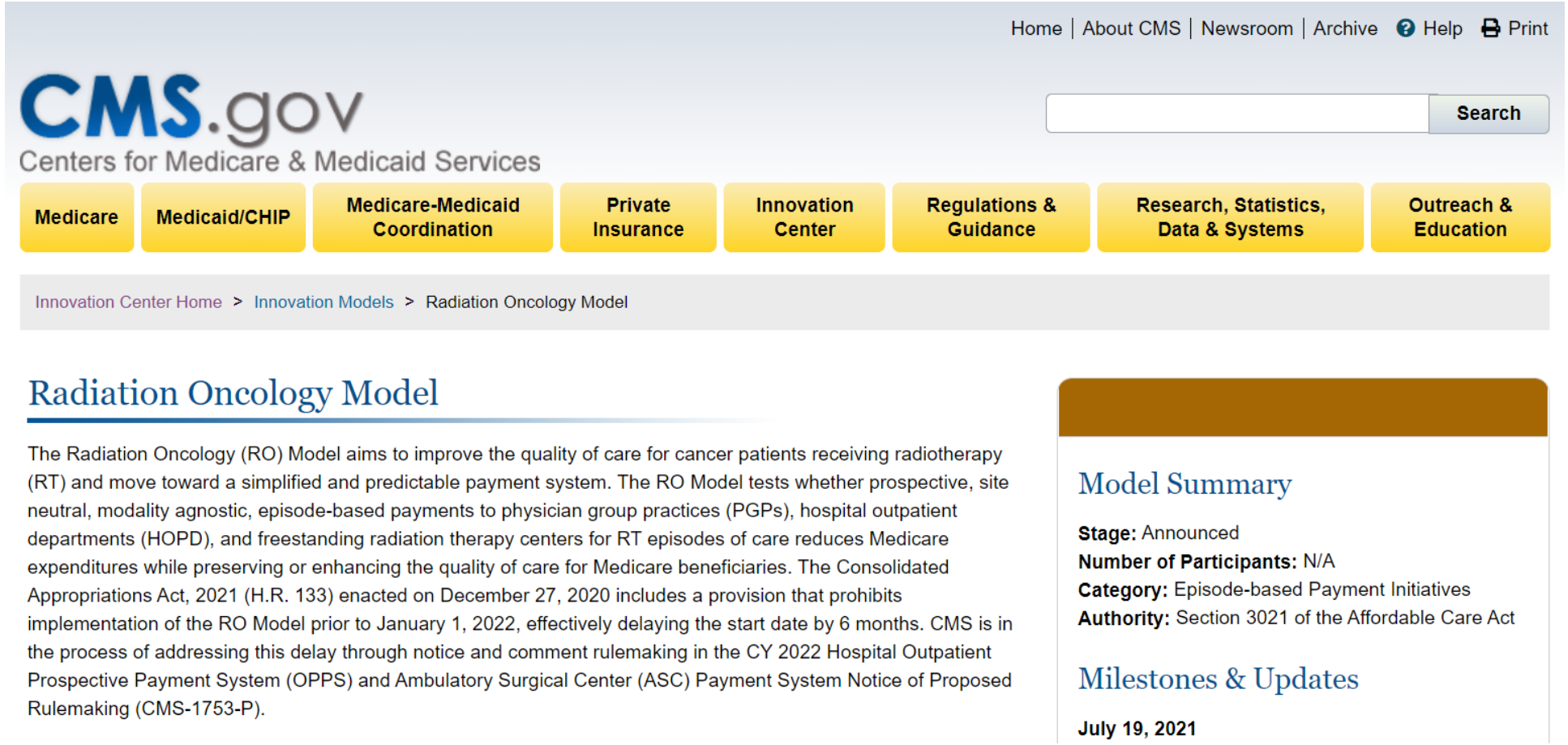
https://innovation.cms.gov/innovation-models/radiation-oncology-model



What you need to do now:

RO Model ID#

- Call the CMS Help Desk at 1-844-711-2664, option 5
- Have your TIN/CCN number ready

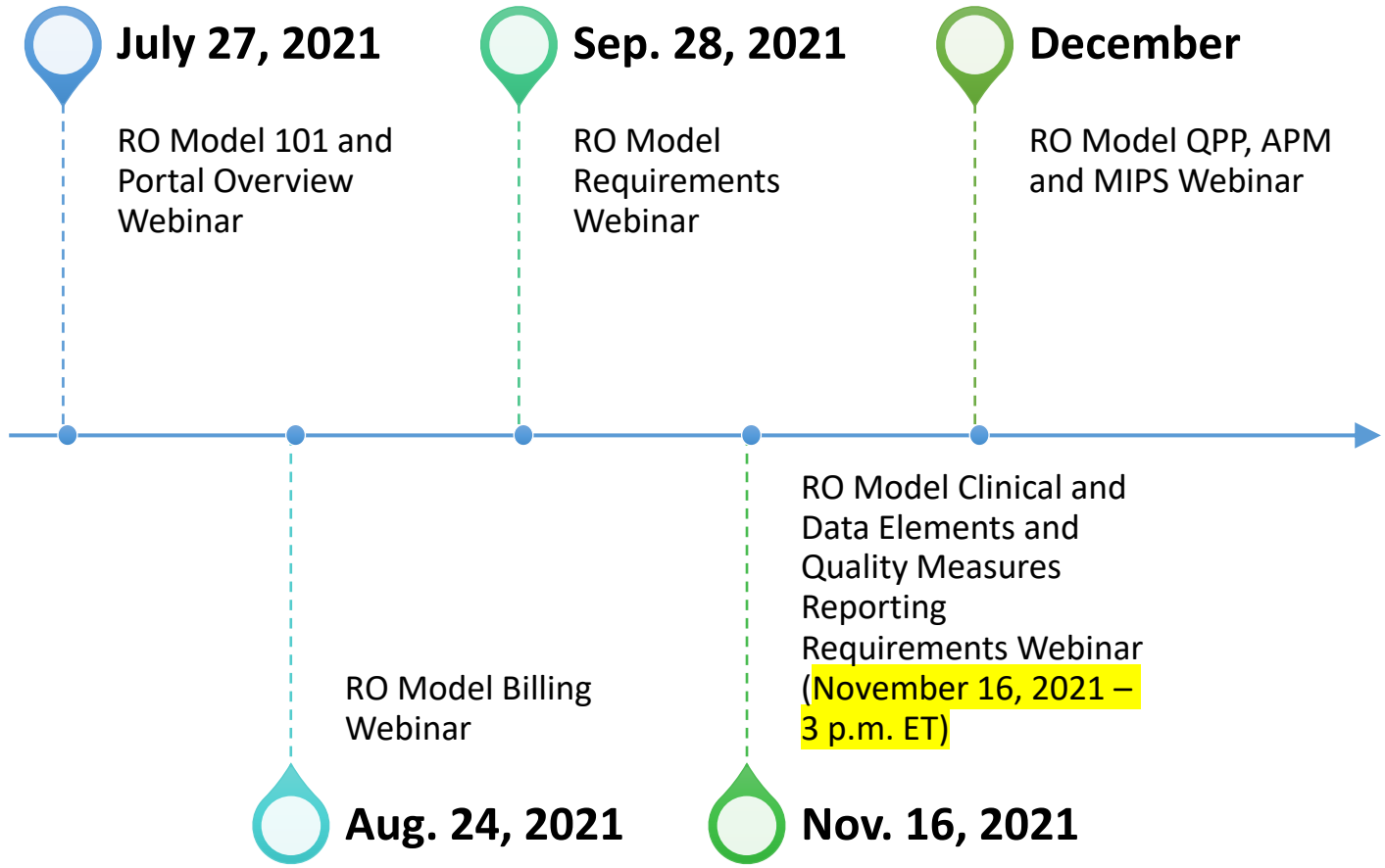
RO Administrative Portal

- Input/update practice contact information
- Case Mix and Historical Experience Adjustment data points
- Data file requests/submission
- Attest to CHERT and PSO participation
- Review and confirm Individual Practitioner List
- Data submission

RO Connects Website

- Engage with other RO Model participants
- Review technical and operational documents for participation

CMMI Webinars:



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2022 – The Perfect Storm

2022 Medicare Physician Fee Schedule

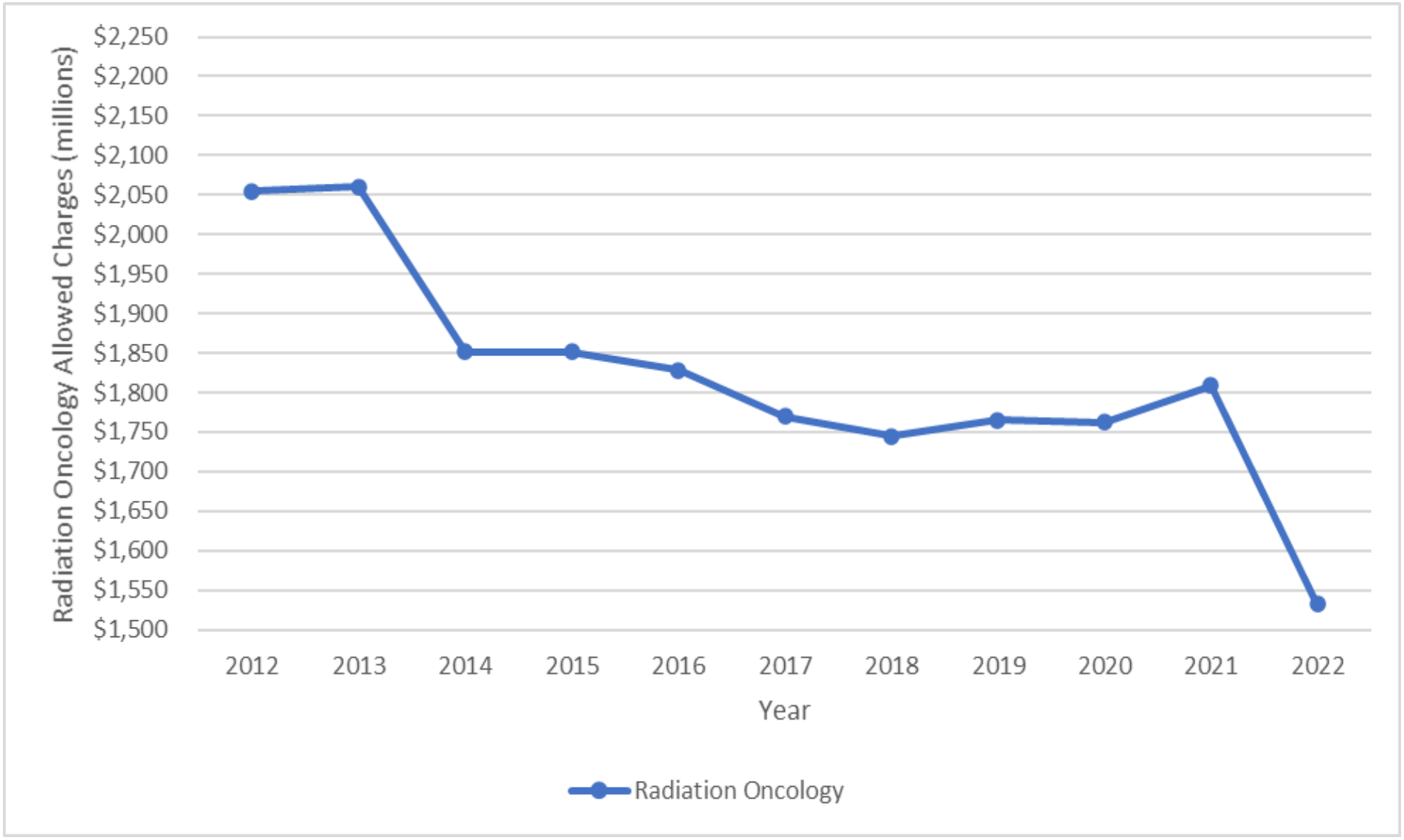
Proposed increase to Clinical Labor Price Inputs

- Practice Expense inputs associated with medical dosimetrist, physicists and radiation therapists
- Due to budget neutrality requirements this shifts payment from equipment and supply reliant specialties (radiation oncology) to offset the $3.5B in increases associated with CLP update
- Overall reduction to RT services = **5% cut**

Expiration of Consolidated Appropriations Act (CCA) **3.75% cut**

Overall reduction to radiation oncology = **8.75% cut**

CPT CODE	MOD/SOS	CPT DESCRIPTOR	2021 NATIONAL RATE	2022 NATIONAL RATE	2022 IMPACT
G6015		Radiation tx Delivery IMRT	$ 385.57	$ 336.52	-12.72%
77427		Radiation tx Management x5	$ 191.91	$ 190.43	-0.77%
77014		CT Scan for Therapy Guide	$ 126.31	$ 116.54	-7.74%
77301		Radiotherapy Dose Plan IMRT	$ 1,935.17	$ 1,677.56	-13.31%
G6012		Radiation Treatment Delivery	$ 264.84	$ 213.94	-19.22%
77014	26	CT Scan for Therapy Guide	$ 45.36	$ 44.33	-2.27%
G6013		Radiation Treatment Delivery	$ 265.54	$ 214.27	-19.31%
77263		Radiation Therapy Planning	$ 169.93	$ 166.58	-1.97%
77373		SBRT Delivery	$ 1,172.06	$ 907.13	-22.60%
77301	26	Radiotherapy Dose Plan IMRT	$ 422.21	$ 415.11	-1.68%
77334	26	Radiation Treatment Aid(s)	$ 60.71	$ 59.78	-1.54%
77300		Radiation Therapy Dose Plan	$ 67.34	$ 63.14	-6.24%
G6002		Stereoscopic X-Ray Guidance	$ 77.11	$ 74.89	-2.88%
77336		Radiation Physics Consult	$ 82.70	$ 74.22	-10.25%
77338		Design Mlc Device for IMRT	$ 480.48	$ 450.37	-6.27%
77300	26	Radiation Therapy Dose Plan	$ 32.80	$ 32.24	-1.70%
77290		Set Radiation Therapy Field	$ 501.41	$ 424.51	-15.34%



Lookback at RO Allowed Charges

Impact on Radiation Oncology Practices

Double whammy – RO Model and MPFS equate to **$300M in cuts**

Jeopardize **patient access** to care

Exacerbates disparities for rural and socioeconomically disadvantaged populations

Patient volume continues to fluctuated due to **COVID-19 PHE**

Burnout – Administrative burden and threats to financial viability

Challenges for Radiation Oncology C-APCs

- C-APC methodology does not account for complexity in cancer care
- Component coding is required to account for the multiple steps in the process of care
- Variation in practice patterns based on a modality use and overlap of modality use for patients with cancer in different locations (brain and lung)

ASTRO urges CMS to consider alternative C-APC methodology or traditional APC methodology for radiation therapy

ASTRO Advocacy

2022 Key Concerns

- RO Model
  - Excessive Discount Factors
  - CDE and Quality Measures Data Collection and Reporting Burden
  - Further Erosion of Opportunity to Qualify as an Advanced APM QP
  - No Alignment with MIPS
- 2022 MPFS
  - Clinical Labor Price Updates Warranted but Harm Equipment Intensive Specialties
  - Dec. 31, 2021 Expiration of CCA - 3.75%
  - Budget Neutrality is Unsustainable

ASTRO Advocacy Efforts

- Outreach to Hill champions and committee staff on oversight letters
- Comment letters to CMS, including coordinated efforts with other effected specialty societies
- Meetings with senior Administration officials who are focused on cancer to create pressure on HHS and CMS leadership
- Push for legislative fix for the conversion factor
- Media outreach

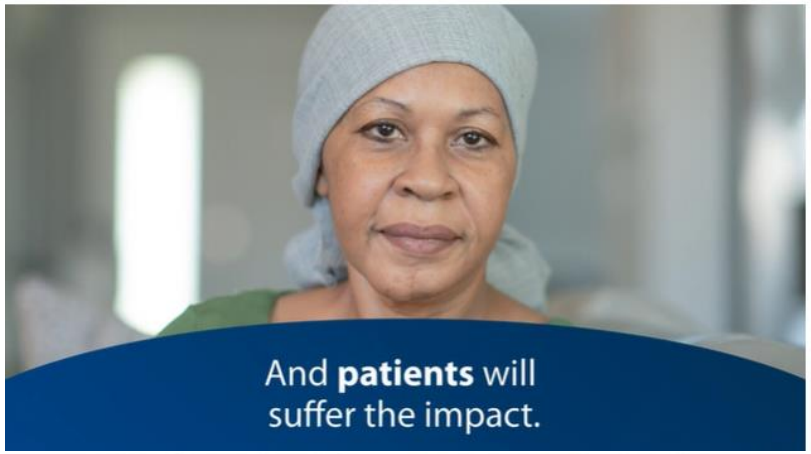
Help Cancer Doctors Protect Their Patients

Medicare is planning to cut radiation oncology cancer treatment services by $300 million, starting January 1, 2022. The radiation oncology community is calling on President Joe Biden to stop the draconian cuts that will harm cancer patient care. The cuts proposed by the Centers for Medicare and Medicaid Services (CMS) in the 2022 Medicare Physician Fee Schedule (MPFS) and the Radiation Oncology Alternative Payment Model (RO Model) will be devastating to cancer patients and radiation oncology teams, endanger patient access to life-saving treatment and threaten the viability of clinics still reeling from the COVID-19 pandemic.

Payment rates for some radiation treatments for breast and prostate cancer will drop by about 13%, for example, and by more than 22% for advanced lung cancer treatment.

The following resources provide more information.

Medicare Payment Cuts Issue Brief
ASTRO's MPFS and RO Model Comments Executive Summary
RO Model Comment Letter
MPFS Comment Letter
RO Model Clinical Data Elements Comment Letter
Press Statement on the Comment Letters
RO Model Campaign Ads



Advocacy

ASTRO PAC
Key Issues
Become an Advocate
Key Legislation
Resources
Patient Stories

2020 ADVOCACY ACCOMPLISHMENTS

Check out the biggest victories ASTRO Advocacy achieved for radiation oncology and cancer patients in 2020.

VIEW NOW

Become an Advocate

Welcome to ASTRO's new Advocacy Action Center! This page will act as a new resource for you to communicate directly with your Senators and Representative on the issues most important to the radiation oncology community. Below, you will find our active Advocacy campaigns. Simply fill in your information, add a personalized story and make your voice heard in Washington.

Ask your Representative to join their colleagues Rep. Brian Fitzpatrick (R-PA) and Rep. Brian Higgins (D-NY) on a letter urging CMS to scale back the extreme payment cuts in the RO Model and Medicare Physician Fee Schedule (MPFS). The more representatives sign on to the letter, the better chance we have to protect cancer patients' access to life-saving radiation therapies.

Questions

Anne Hubbard

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