



REFORM THE RADIATION ONCOLOGY MODEL to Protect Access to Care and Advance Value-Based Payment

BACKGROUND

The American Society for Radiation Oncology (ASTRO) and radiation oncology community have pursued an alternative payment model (APM) that improves quality, reduces costs, and ensures patient access to state-of-the-art radiation treatments. In 2015, Congress passed bipartisan legislation requiring that Medicare maintain payment rates while CMS worked with the radiation oncology community to develop an APM. Congress acted again in 2018 to extend the payment stability and provide additional time for the development of the APM, including continued engagement with stakeholders.

After release of the CMS proposed Radiation Oncology Model (RO Model) in 2019, the radiation oncology community, cancer patients, and bipartisan Senators and Representatives wrote CMS saying the model did not properly balance the incentive to participate with decreases in payment rates. Congress asked CMS to address the scope, implementation, and payment structure of the model.

Concerns of stakeholders and Congress were not included in the final RO Model released Sept. 18, 2020, forcing Congress to pass year-end legislation to delay the start of the model until no sooner than Jan. 1, 2022. Bipartisan members of Congress also stated that “the intensity of the payment cuts are so significant that it could have the unintended effect of reducing quality.” CMS is expected to issue revised rulemaking on the RO Model, and ASTRO is committed to necessary reforms to ensure the model’s long-term success.

ISSUE

- The RO Model is a mandatory payment model designed to test whether prospective 90-day episode-based payments to 950 radiation oncology physician group practices and hospital outpatient departments will reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. However, the RO Model is merely a payment cut disguised as a value-based payment model test. It does not reflect the spirit and intent of Congress and the Medicare Access and CHIP Reauthorization Act (MACRA).
- CMS estimates the RO Model will cut \$230 million in Medicare spending to mandated participants over 5 years. These cuts go beyond any other CMMI model and are untenable for practices recently hit hard by COVID-19. Driven largely by extreme discount factor cuts, individual clinics are expecting payment reductions of up to 25% for certain disease sites.
- A properly designed value-based payment initiative represents an opportunity to address health disparities in radiation therapy.
- ASTRO recommends the establishment of a Health Equity Achievement in Radiation Therapy (HEART) payment for wraparound services to address healthcare disparities. This concept is very similar to the Monthly Enhanced Oncology Services (MEOS) payment that is applied in the Oncology Care Model. HEART payments could support services, not currently billable, such as triage patient needs 24/7, provide patient care navigation, including patient education and symptom management, and assess and address patient’s nutrition, transportation and lodging needs to address barriers to accessing treatment and compliance with treatment care plan.
- The radiation oncology community, including physicians, patients, group practices, hospitals, health systems and many others, are united and aligned in seeking essential reforms to the RO Model. Recent letters to CMS echo Congressional concerns regarding the need to fix the RO Model’s excessive payment cuts, the waiver of incentive payments, lack of transparency and limits to innovation.

CONGRESSIONAL
ASK

Support critical RO Model reforms that will incentivize high quality care while still generating Medicare savings.