

United States Senate

WASHINGTON, DC 20510

October 18, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
P.O Box 8016
Baltimore, MD 21244-8013

Dear Administrator Verma:

We are writing regarding the Centers for Medicare & Medicaid Services (CMS) proposed Radiation Oncology Model (RO Model), which would test whether making prospective episode-based payments to radiation therapy providers would reduce Medicare expenditures while maintaining or improving the quality of care. The development and implementation of an alternative payment model (APM) for radiation therapy services stands to benefit both health care providers and Medicare enrollees by providing the certainty needed for the payment of these life-saving services and ensuring seniors are able to access care in their own communities. We appreciate the Agency's work to develop this APM, but are concerned that some elements of the proposal could put patient access to radiation treatments at risk.

As you know, Congress has acted in a bipartisan manner on numerous occasions to protect patient access to radiation therapy. In 2015, Congress passed legislation requiring that Medicare maintain payment rates while CMS worked with the radiation oncology community to develop an APM to ensure access to radiation oncology services without significant fluctuation in payment rates that could jeopardize the availability of these services for seniors. Congress acted again in 2018 to extend the payment freeze until December 31, 2019 to provide additional time for development of the APM, including continued engagement with stakeholders on the design and structure of the model.

Given this legislative history, we support your efforts to implement a new APM to better align Medicare payment with value. However, we have heard numerous concerns with the proposed RO Model from health care providers and Medicare beneficiaries in our communities, and we urge CMS to address concerns with the scope, implementation, and payment structure for the model.

We are concerned that the size and mandatory nature of the proposed APM combined with the proposed January 1, 2020 start date could negatively affect the ability of some radiation oncology practices to fully participate in the model. The proposed model requires participation by a significant number of practices within a short timeframe, and we have heard from providers that may not have the capabilities or resources necessary to ensure the success of the RO Model. For these reasons, we encourage CMS to consider a transition period for participating practices and a delay in the proposed January 1, 2020 implementation date.

Further, we urge CMS to align the payment policies of the APM with the Congressional intent of viable payment rates that ensure Medicare beneficiary access to all modalities of radiation therapy, including proton therapy, and new advances in radiation therapy care. In particular, we request that CMS revisit the methodology for determining national base rates and consider adjustments to the proposed discount factors and incentive payments to encourage the adoption and full utilization of the RO Model. We believe that it is critical for the base rate and historical experience to provide an accurate representation of these life-saving, curative services, including those delivered in the hospital outpatient setting and those provided in a free-standing facility. The other key component of ensuring a viable payment rate is the proper alignment of the 5 percent bonus payment available to those clinicians who participate to a sufficient extent in APMs, and the decrease in reimbursements resulting from the 4% professional payment discount and the 5% technical payment discount. We believe that the current proposal does not fully balance the incentive participate with the decrease in payment rate, potentially jeopardizing the availability of radiation therapy services for seniors.

Thank you for your consideration of this matter. We urge CMS to address the above concerns to ensure that the model achieves what we all set out to accomplish – higher quality, more efficient, and effective care for patients.

Sincerely,



Richard Burr
United States Senator



Debbie Stabenow
United States Senator