



Congress of the United States
House of Representatives
Washington, DC 20515

February 4, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma;

We write to express concerns regarding the proposed Centers for Medicare and Medicaid Services (CMS) Radiation Oncology Alternative Payment Model (RO-APM) which would dramatically change Medicare reimbursement for radiation oncology services across the country. After hearing from leading cancer care providers in Pennsylvania and the surrounding region, we are alarmed at the size and scope of the proposal and the negative impact it could have on cancer patients' care.

Approximately 60 percent of cancer patients in the U.S. receive radiation therapy, as the treatment is highly effective for many cancers including breast, prostate, lung, and head and neck. Radiation therapy has advanced over time to become extremely precise with minimal side effects—patients undergoing treatment can typically go about their normal routine and not experience significant disruption to their daily lives. In recent years, radiation oncologists have pioneered a technique for certain cancer types called hypofractionation, which means that the same life-saving dose of radiation can be delivered over fewer treatments (“fractions” of the total dose) to an even more targeted area. However, Medicare reimbursement for radiation oncology providers has typically been paid on a per treatment basis, even though the average number treatments needed has declined over the years as the use of hypofractionation has increased. With the introduction of the proposed RO-APM, Medicare payment will advance as well, and will be bundled for those providers selected to participate in a pilot program. If designed correctly, a bundled payment model could incentivize radiation oncology practices to move towards more advanced, precise treatments for the patients who need them. However, the proposed RO-APM needs several changes to be successful.

Medicare's proposed RO-APM would implement a bundled payment system for 40 percent of Radiation Oncology episodes (or 1/3 of providers) in early 2020. These providers will be from

randomly selected core-based statistical areas around the U.S. The RO-APM also proposes to cut reimbursement by 9% from base payment rates set by the Agency, for treatments related to 17 distinct cancer types.

The proposed RO-APM could deprive cancer patients of appropriate care because the bundled payment rates are not predicted to fairly compensate providers for high quality care, necessary equipment, advanced technologies, and the administrative systems required to successfully implement a payment bundle. We understand from our Pennsylvania healthcare providers that shifting to a bundled payment system for radiation oncology is a laudable goal, but also an extremely labor-intensive and time-consuming project. We are concerned that the combination of reduced reimbursement and administrative burden may lead some radiation oncology providers to limit their offered services or opt out of the Medicare program all together if they were selected for the RO-APM.

We respectfully request that CMS significantly narrow the size and scope of the RO-APM before it is finalized. For example, a shift in the Final Rule from 40 percent of radiation oncology episodes to no more than 10 percent would be consistent with other pilot programs and allow the RO-APM to be evaluated on a smaller scale. In addition, we request that the RO-APM only include cancer types where hypofractionation is within the National Comprehensive Cancer Network clinical guidelines. We request that CMS initially keep the first few years of this program to a smaller scope to test and improve the bundled payment model. This careful process will ensure that patient care is not compromised. Additionally, CMS should offer hardship exemptions to practices who may not be able to participate in the RO-APM due to circumstances outside their control.

Thank you for your consideration of this matter. Resolution of these issues before the RO-APM is finalized is essential to ensure that cancer patients can continue to benefit from the world-class care provided to them by our Pennsylvania area radiation oncology providers.


Sincerely,



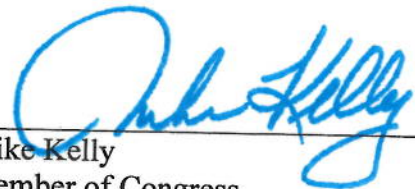
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Member of Congress



Brian Fitzpatrick
Member of Congress



Mary Gay Scanlon
Member of Congress



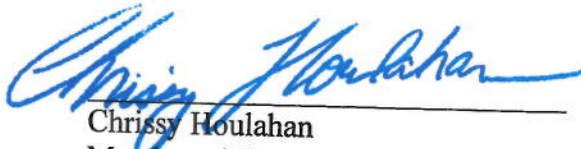
Mike Kelly
Member of Congress



John Joyce, M.D.
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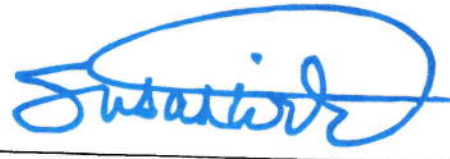
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