Congress of the United States

Washington, DC 20515

November 8, 2019

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

Dear Administrator Verma:

We support the establishment of value-based payment policies for radiation oncology to stabilize payments and to ensure that cancer patients have access to quality cancer treatment in their communities. We appreciate the Center for Medicare and Medicaid Services' (CMS) work in proposing the Radiation Oncology (RO) Model (the Model). This Model would test whether making prospective episode payments to radiation therapy providers for episodes of care would enhance quality of care and reduce Medicare expenditures. As you know, Congress has been very engaged on the issue of protecting patient access to radiation therapy, which includes the Medicare Access and CHIP Reauthorization Act of and the Bipartisan Budget Act of 2018 to provide stability in payments for radiation oncology. We remain committed to promoting access to quality cancer treatment, and we urge CMS to improve the RO Model so it may be successful for cancer patients, radiation oncology providers, and the Medicare program.

We urge CMS to reconsider the size and scope of the Model and the timeline to implement the Model. This Model would require participation by and impact 40 percent of radiation oncology episodes. As a general principle and patient safeguard, we believe that the Center for Medicare and Medicaid Innovation (CMMI) should begin testing with a smaller scope. Similar to prior CMMI models, CMS should first allow for a period of voluntary participation in order to test the Model design. Given the significant transition this Model would impose on providers across the country, we also ask CMS to re-examine its proposed start date, which is only months away. Rather than racing to a January 2020 implementation, we strongly suggest that the agency work with Congress and stakeholders to delay implementation, so the Model has the greatest chance at success and meeting our collective goals of improving cancer care for patients.

The goal of improving payment stability and moving to value-based payment for radiation oncology began with a partnership among CMS, the radiation oncology community, and Congress. We urge you to continue to honor the spirit of this partnership by working in a transparent manner to address the concerns voiced by the radiation oncology community.

We appreciate your efforts to test a site-neutral payment rate for the Model; however, we urge the agency to reassess the calculation approach to various parts of the Model's payment structure, including the base rates and discount factors, to ensure payment is calculated appropriately and creates the right incentives.

We are also concerned about the expected burden that the RO Model places on providers, especially on small practices or rural providers. According to one outside estimate, the costs of a medium-sized physician practice to adjust to the RO Model may be over $400,000 in year one

and nearly $350,000 in each following year. Historically, CMS has afforded hardship accommodations to providers with low patient volumes or located in rural communities. We urge CMS to consider providing hardship exemptions as part of the RO Model in order to preserve access to care among low-volume providers and rural communities in a manner similar to hardship accommodations provided under the Comprehensive Joint Replacement (CJR) Model and the Merit-based Incentive Payment System (MIPS) pathway under the Quality Payment Program (QPP).

Lastly, it is important to acknowledge that innovation in radiation oncology has contributed to increased cure rates and reduced side effects from treatment. Accordingly, it is critical to ensure the RO Model adequately accounts for the next generation of advances in the delivery of radiation oncology. We urge CMS to ensure continued innovation and avoid creating barriers for patients to access new equipment in finalizing this Model. We ask that CMS consider public comments and carefully monitor whether providers face new challenges in investing in new technology or offering new services that provide evidence-based clinical benefit to patients.

We believe that outcome-based quality measures are an important tool in the Medicare program, especially when moving payment from the volume of services to the value of services. We share the Medicare Payment Advisory Commission's (MedPAC) concern about zero outcome measures being proposed under this Model. We urge CMS to use outcome measures similar to those used in the Oncology Care Model (OCM), which centers on a six-month episode of care surrounding chemotherapy treatment for cancer patients and uses three outcome measures to determine performance-based payments. The three outcome measures are derived from Medicare claims data, such as readmission rates, which avoid imposing additional burden on providers. We urge CMS to consider using similar outcome measures for the RO Model, given the fact that both the OCM Model and RO Model focus on the quality of care provided to cancer patients.

We urge CMS to make modifications consistent with the aforementioned concerns— and others shared by the provider community— that will ensure that radiation oncologists can succeed in providing high quality, efficient, and effective care for cancer patients. We thank you for your consideration of this matter, and we look forward to continuing to work with you to ensure Medicare beneficiaries have access to high-quality cancer care to save and improve their lives.

Sincerely,

Devin Nunes
Member of Congress

Michael C. Burgess, M.D.
Member of Congress