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SUBCOMMITTEE ON RESEARCH AND TECHNOLOGY

October 8, 2019

The Honorable Seema Verma
Centers for Medicare and Medicaid Services
200 Independence Ave SW
Washington, DC 20201

Dear Administrator Verma:

I am writing regarding the proposed Radiation Oncology Model (RO Model), which would test whether changing the current fee-for-service model to prospective episode-based payments for episodes of care involving the delivery of radiation therapy would reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. While I believe that there are some positive elements to the model, I am concerned that aspects of this model will undermine the goals of payment reform.

As you know, radiation therapy is an important cancer treatment option in the battle against cancer, offering patients less invasive care on an outpatient basis that allows many patients to continue living their lives fully while receiving this treatment. Yet, if CMS's proposed rule is finalized, radiation therapy services would face several unintended consequences that would jeopardize access to care.

The following specific concerns should be addressed in the RO Model final rule for the program to succeed:

- **Mandatory Participation.** Requiring participation representing 40% of radiation oncology episodes is excessive, particularly when the model has not yet been tested. Instead, CMS should consider launching the model on a voluntary basis.
- **National Case Rates.** I am concerned that there are flaws in the calculation approach for the national case rates that would result in a significant and unfair payment cut. The methodology fails to account for a range of complex clinical scenarios and treatment costs for a many clinic.
- **Discount Factors, Efficiency and APM Incentive Payment.** CMS should adjust the efficiency factor to avoid penalizing efficient practices and should scale back the discount factors, which risk patient access by causing significant financial issues for such a capital expenditure intensive specialty. CMS should remove the selective waiver of the 5% APM incentive payment on freestanding center technical payments or eliminate the technical component discount factor.
- **Innovation.** The RO Model does not adequately account for the next generation of advances in the delivery of radiation oncology. Innovation in radiation oncology has contributed greatly to increased cure rates and reduced side effects from treatment. CMS

must do more to ensure that practices within the model can invest in new technology and new service lines that provide clinical benefit to patients.

- **Burden.** I urge CMS to rely heavily on recommendations from the radiation oncology community to ensure that only information that is most meaningful and least burdensome is collected.

Before finalizing the model, CMS should consider comments from the radiation oncology community to ensure that the model does not inadvertently disadvantage any standard of care treatments in radiation oncology, including multi-modality radiation oncology care.

It is crucial that patients have access to quality and timely cancer care in their communities. I look forward to continuing to work with you to ensure Medicare beneficiaries have access to innovative cancer treatments to save and improve their lives. Thank you for your consideration of this matter.

Sincerely,

Paul D. Tonko

Member of Congress