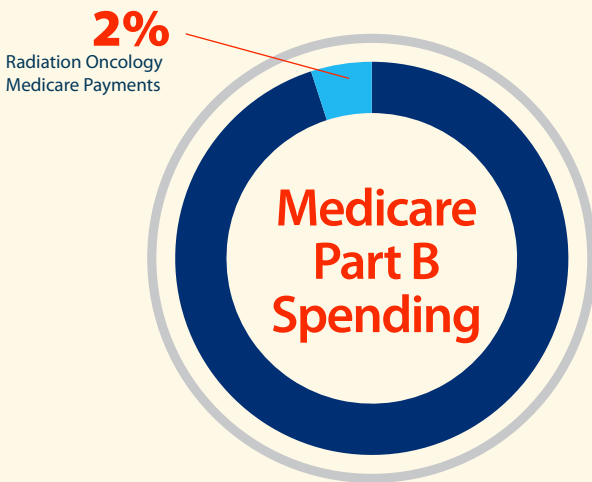


STABLE MEDICARE PAYMENTS



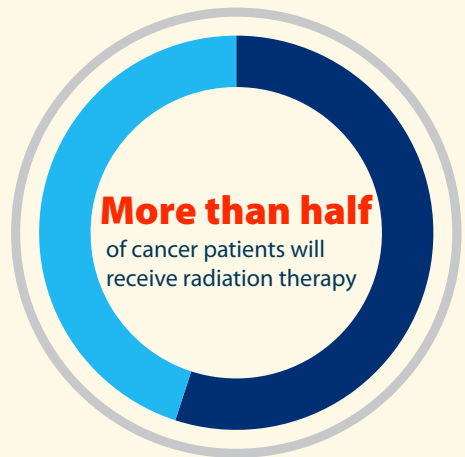
WHERE DO WE GO FROM HERE?

From 2009-2014, radiation oncology Medicare reimbursement rates sustained significant cuts resulting in cumulative payment reductions totaling approximately 20 percent for freestanding cancer centers. ASTRO strongly supports recent bipartisan legislation that has kept reimbursement rates frozen at 2016 levels through the end of 2019. This has temporarily created a more stable environment to allow the Centers for Medicare and Medicaid Services (CMS) to work with radiation oncology stakeholders on critical coding issues and the development of a Radiation Oncology Alternative Payment Model (RO-APM).



It is estimated that **1.7 million new cancer cases** will be diagnosed in 2018.

Close to **one million cancer patients** will receive radiation therapy during their treatment.



CONGRESS MUST PREVENT ANY ADDITIONAL PAYMENT CUTS TO COMMUNITY-BASED RADIATION THERAPY CENTERS AND PRESERVE ACCESS TO THESE CRITICAL SERVICES



IN THE U.S., MOST CANCER PATIENTS ARE OLDER AMERICANS WHO ARE MEDICARE BENEFICIARIES.

NEXT YEAR, CMS WILL REVALUE MAJOR RADIATION THERAPY SERVICE CODES, AND IT IS CRITICAL THAT THE AGENCY CLOSELY FOLLOW RADIATION ONCOLOGY RECOMMENDATIONS TO ENSURE CONTINUED ACCESS TO CARE FOR CANCER PATIENTS.

PRESERVE STABLE MEDICARE PAYMENTS

ABOUT ASTRO

The American Society for Radiation Oncology (ASTRO) represents more than 10,000 individuals striving to give cancer patients the best possible care. Members include radiation oncologists, nurses, medical physicists and other health care professionals. It is estimated that 1.7 million new cancer cases will be diagnosed in 2018. Close to one million cancer patients will receive radiation therapy during the course of their treatment.

Radiation therapy is safe and effective. It works by damaging a cancer cell's genetic material, thus stopping its growth. When the injured cancer cells die, the body's natural healing processes remove them. Most treatments are given as outpatient procedures, so patients can maintain a good quality of life while receiving treatment.

- ▶ Most cancer patients are Medicare beneficiaries. Therefore, **stable Medicare payments are critical to ensuring access to care** for more patients who need treatment.
- ▶ It is important to **prevent any additional payment cuts** to community-based radiation therapy centers and **preserve access** to life-saving radiation therapy services. Inadequate payment rates could create access issues in rural and underserved areas.
- ▶ Radiation therapy clinics have very **high fixed costs**, and the minimum capital required to build a center is approximately **\$5.5 million**. Medicare payment **cuts create instability**, jeopardizing the viability of these centers and patient access to care.
- ▶ Next year, CMS will revalue major radiation therapy service codes, and it is **critical** that the agency closely follow recommendations made by radiation oncology stakeholders **to create a stable foundation** for the creation of an RO-APM.
- ▶ If those reimbursement rates are not fully reflective of the true costs of providing care, **access to cancer treatments will be jeopardized** and progress toward value-based care will be compromised.
- ▶ **ASTRO appreciates** Congressional passage of **bipartisan radiation oncology legislation** and urges continued oversight to **protect patient access to high quality radiation treatments**.