

2022 RO Model Final Rule Summary

On August 19, 2022, the Centers for Medicare and Medicaid Services (CMS) issued the Radiation Oncology Model (RO Model) final rule, which delays the implementation of the payment model from January 1, 2023, to a date to be determined in a future notice of proposed rulemaking. According to CMS, the date will be issued as part of rulemaking not less than six months prior to the determined launch date.

ASTRO [submitted comments](#) to CMS in response to the proposed rule that summarized longstanding concerns from the radiation oncology community and bipartisan members of Congress about the model's emphasis on cost savings over treatment quality. ASTRO analysis estimated that the proposed RO Model would create \$150 million in cuts to radiation oncology, compounding the inflation- and utilization-adjusted 27% drop in Medicare reimbursement for radiation therapy services incurred over the past decade.¹ The letter also outlined reforms to the RO Model that would foster successful participation from physicians and generate substantial saving for the Medicare program. ASTRO remains committed to value-based care in radiation oncology. Episodic payments for radiation therapy services have great potential to improve quality and equity while reducing cancer care costs, and we will continue to advocate for proposals that achieve these goals.

Below is a summary of the final rule:

Indefinite Delay, Not Cancellation

In the final rule, CMS confirmed its intent to move forward with an indefinite delay, rather than an outright cancellation of the RO Model. The Agency also noted that future rulemaking may include modification to model design. According to CMS, this indefinite delay allows practices that were compelled to participate in the RO Model to put their efforts on pause until further notice. The Agency also recognized that, while supportive of an overall shift to value-based payment, the radiation oncology community remained concerned about the significant impact of the model's discount factors, which would have reduced Professional Component payments by 3.5% and Technical Component payments by 4.5%. CMS reiterated in the final rule that any reduction in the discount factors would require a broader number of participants, which it also recognizes is a non-starter for the radiation oncology community. While many commenters supported the delay, some indicated that they were ready to begin implementation on January 1, 2023, while others advocated for implementation January 1, 2024. Some were interested in an outright cancellation of the RO Model, but CMS stated that it does not intend to cancel the RO Model because the Agency believes that the model will address "long standing concerns related to delivery and payment of RT services and benefit RT providers and RT suppliers as well as beneficiaries."

Additional comments were received expressing concern with the six-month notification window that CMS proposed to comply with should it decide to move forward with implementation of the RO Model at a future date. In response to those concerns, the Agency clarified that it intends to provide "at least" six-months advance notice, indicating the potential for a longer ramp up period. ASTRO has long

¹ Hogan, BS, Jacob, Amit Roy, MD, Patricia Karraker, MD, et al. "Decreases in Radiation Oncology Reimbursement over time: Analysis by Billing Code." *Radiation Oncology*Biography*Physics*. Vol. 114, Issue 1, P47-56. May 21, 2022. <https://doi.org/10.1016/j.ijrobp.2022.05.018>

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expressed concern about the readiness of those practices compelled to participate in the RO Model, as well as the Agency's readiness to operationalize the model in previous comments. We will continue to monitor this and push for ramp up periods that ensure broad success with the implementation and operationalization process.

RO Model Modifications Considered for Future Rulemaking

CMS acknowledged receiving comments on a range of topics related to improving the RO Model, including the Model's geographic size, included modalities, application of the Advanced APM incentive payment, and the payment methodology. The Agency also received feedback on the RO Model's impact on rural practices, health disparities and health equity. While CMS did not provide a response to the concerns raised, it did state that these topics may be considered in future rulemaking. ASTRO will continue to ensure that CMS recognizes and addresses the flaws of the RO Model should future rulemaking be issued on the topic.

For more information on the RO Model Final Rule, please see the following links:

RO Model Final Rule: <https://www.federalregister.gov/documents/2022/08/29/2022-18541/radiation-oncology-ro-model>

CMMI RO Model Website: <https://innovation.cms.gov/innovation-models/radiation-oncology-model>