

October 2, 2020

Alex M. Azar, II, Secretary, U.S. Department of Health and Human Services
Seema Verma, Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar and Administrator Verma:

On behalf of the nation's physicians, group practices, radiation oncologists and other cancer care providers committed to value-based care, we are writing to seek urgent changes to the final Radiation Oncology Alternative Payment Model (RO Model) before it is implemented on January 1, 2021. Given the unprecedented COVID-19 pandemic and ongoing public health emergency, we request that you delay the model implementation until January 1, 2022, or at the earliest July 1, 2021, and reduce the excessive payment cuts to mandated radiation oncology participants.

On numerous occasions, our organizations have communicated to the federal government the significant financial impact of the pandemic on our members. Radiation oncology group practices and hospital outpatient departments are not immune from the severe challenges brought on by the pandemic, as reduced patient volumes and increased supply costs have resulted in revenue declines of 20-30 percent, on average, according to an ASTRO survey. The pandemic persists and federal officials expect increases in COVID-19 cases through the fall and winter, which will continue to stress radiation oncology clinics and other health providers. A 90-day timeline for implementation was unrealistic under the best of circumstances. The last thing radiation oncology participants need right now is a mandated distraction from patient care and additional fears of financial strain. Yet, that is exactly what implementing the RO Model on January 1, with the required significant payment cuts, will do.

We were extremely disappointed to find that most of the recommendations on the RO Model proposed rule from the radiation oncology community and national health care organizations were dismissed. While we support the RO Model's concept and promise, we continue to have serious reservations that the model's payment cuts are so steep, it could hurt quality rather than improve quality. In particular, the discount factor cuts of 3.75% and 4.75% to professional and technical payments, respectively, are out of step with other alternative payment models and the Medicare Access and CHIP Reauthorization Act. The final rule estimates cuts of 6% to participating group practices and 4.7% cuts to hospital outpatient departments. Further, our analysis reveals virtually no upside potential for required participants, as any hint of "payment stability" is negated by the discount factors and withholds.

The January 1, 2021 effective date combined with the significant cuts will be particularly detrimental to rural practices selected for participation. According to the final rule, practices with fewer than 20 episodes in the previous year may opt-out of the RO Model; however, we believe the threshold is so low that few if any selected facilities would qualify. We urge CMS to work with the stakeholder community to develop a more appropriate opt-out mechanism that recognizes the challenges faced by small, rural practices.

Risking the viability and putting unnecessary stress on radiation treatment clinics and staff is unacceptable at any time and especially now. **Radiation oncology needs immediate clarity before**

being forced to rush headlong toward the January 1 deadline. We urge you to quickly reverse course by delaying the RO Model until January 1, 2022 (preferred option), or at the earliest July 1, 2021 (if absolutely necessary), and reducing the discount factors to no more than 3%. These changes will better ensure that the RO Model gets off on the right foot, and that radiation oncology can successfully transition to value-based care for Medicare beneficiaries treated with radiation therapy. We appreciate your consideration of this request, if you have any questions or require additional information, please contact Anne Hubbard, ASTRO Director of Health Policy, at 703-839-7394 or Anne.Hubbard@ASTRO.org.

Sincerely,

American Association of Medical Dosimetrists

American Association of Physicists in Medicine

American Brachytherapy Society

American College of Radiation Oncology

American College of Radiology

American Society for Clinical Oncology

American Society for Radiation Oncology

American Medical Association

Medical Group Management Association

Society for Radiation Oncology Administrators

CC:

Brad Smith, Deputy Administrator and Director, CMS Center for Medicare and Medicaid Innovation (CMMI)

Amy Bassano, Deputy Director, CMMI

Christina Ritter, Director, CMMI Patient Care Models

Lara Strawbridge, Director, CMMI Division of Ambulatory Models

Marcie O'Reilly, Health Insurance Specialist, CMMI