



Radiation Therapy Public Forum

May 3, 2017




Agenda

1pm	Welcome Introductions	Chris Ritter, PhD Ellen Lukens
1:15pm	CMS Overview of Radiation Therapy Report to Congress	Ron Kline, MD William Robinson
1:30pm	Stakeholder Presentations	
2:00pm	Comments from Onsite Attendees Comments from Virtual Attendees	
3:45pm	Closing Remarks	

Housekeeping Items – In Person Attendance

- Restrooms are out the door to the right.
- Please silence your cell phones.
- After the presentations are done, we will ask those here in person to raise their hand or approach the microphone to make comments.
- We ask all participants to please keep their comments to under 5 minutes to allow others a chance to speak.
- We will then take verbal comments from those attending virtually.

Housekeeping Items – Virtual Attendance

- If problems, please put a comment in the chat box, and the moderator will assist you.
- If you wish to make a comment during the session, you will need to be logged into the Webex.
- All phone lines will be muted until it is your turn to speak.
- To get into queue, you will need to virtually raise your hand by clicking on the  icon on within the participant list.
- When it is your turn, the operator will open up your line.
- Please provide the audience your name and the organization you are representing before your comment.
- Please keep comments to under 5 minutes
- Can also submit comments via chat box or by email: radiationtherapy@cms.hhs.gov (email until May 22nd)

Report to Congress: Alternative Payment Model for Radiation Therapy



*Will Robinson &
Ron Kline, MD
Center for Medicare and
Medicaid Innovation
May 2017*

The CMS Innovation Center was created to develop, test, and implement new payment and delivery models

“The purpose of the [Center] is to test innovative payment and service delivery models to **reduce program expenditures...while preserving or enhancing the quality of care** furnished to individuals under such titles.”



Three scenarios for success

1. Quality improves; cost neutral
2. Quality neutral; cost reduced
3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking

Background: Report to Congress

Patient Access and Medicare Protection Act (P.L. 114-115) Signed into Law December 28, 2015 Section 3(b)

Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the development of an episodic alternative payment model for payment under the Medicare program under title XVIII of the Social Security Act for radiation therapy services furnished in nonfacility settings.

”

Design Considerations for Alternative Payment Model

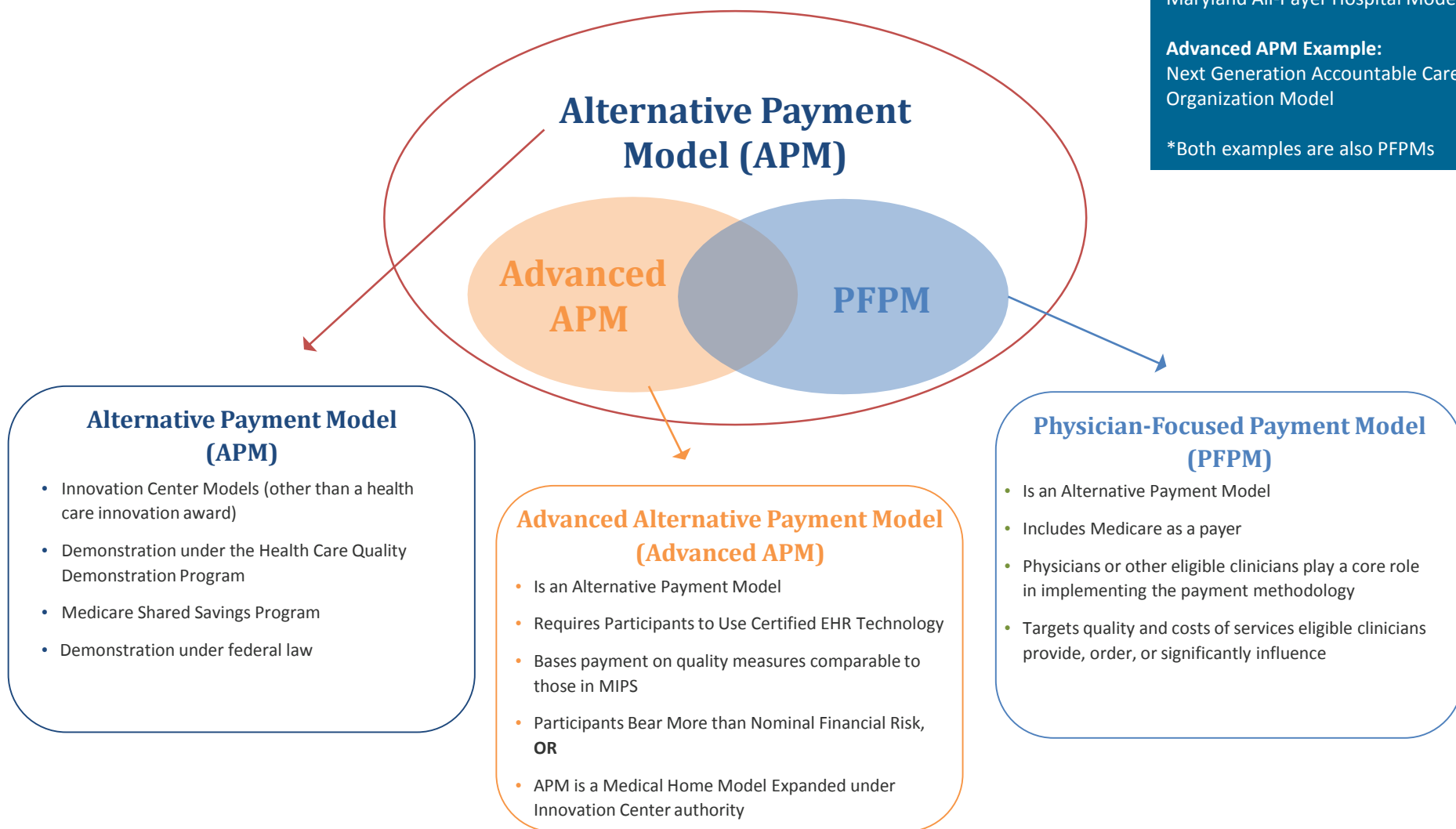
APM Example:

Maryland All-Payer Hospital Model

Advanced APM Example:

Next Generation Accountable Care Organization Model

*Both examples are also PFPMs



Data Analyses

- Data analyses will support efforts to develop report to Congress
- Analyses use 100% sample of Medicare fee-for-service claims Parts A and B
- Claims include July 1, 2013 – June 30, 2016 but not all analyses include full three-year window
- Include radiation therapy services for oncology care in free-standing and hospital outpatient department settings
- Analyses are preliminary

Codes Included in Radiation Therapy Analytics

Preliminary

Consultation

- Initial consultation typically billed using E&M service
- Sample: 99201-99205 (E&M outpatient new visit)

Treatment Planning

- Determine treatment modality, parts of the body that must be radiated, and plan for radiation treatment
- Sample: 77261-77263 (radiation therapy planning)

Technical Preparation and Special Services

- Technical preparation to ensure radiation dosing is accurate, machine is prepared, treatment aids are constructed
- Sample: 77332-77334 (radiation treatment aids)

Treatment Delivery

- Radiation delivered to patient in one or more sessions
- Sample: 77401-77416 (radiation treatment delivery) 77761-77763 (apply intracavity radiation-brachytherapy)

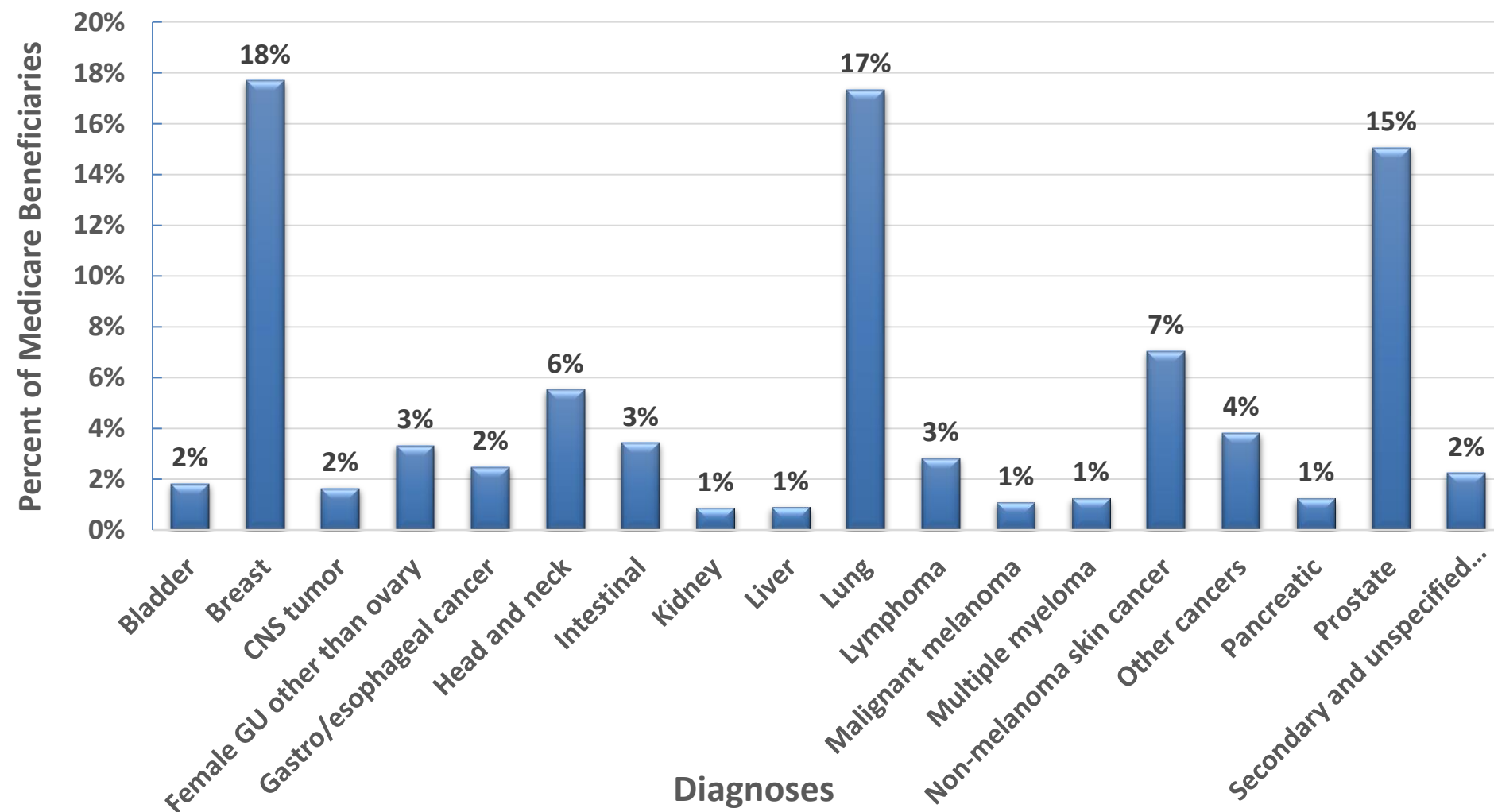
Treatment Management

- Patient monitoring, treatment adjusted according to outcomes
- Sample: 77427 (radiation treatment management x5 treatments)

Cancer Diagnoses Treated by Radiation

Preliminary

Medicare beneficiaries that initiated radiation treatment
between January 1, 2014 and December 31, 2015 by diagnosis¹

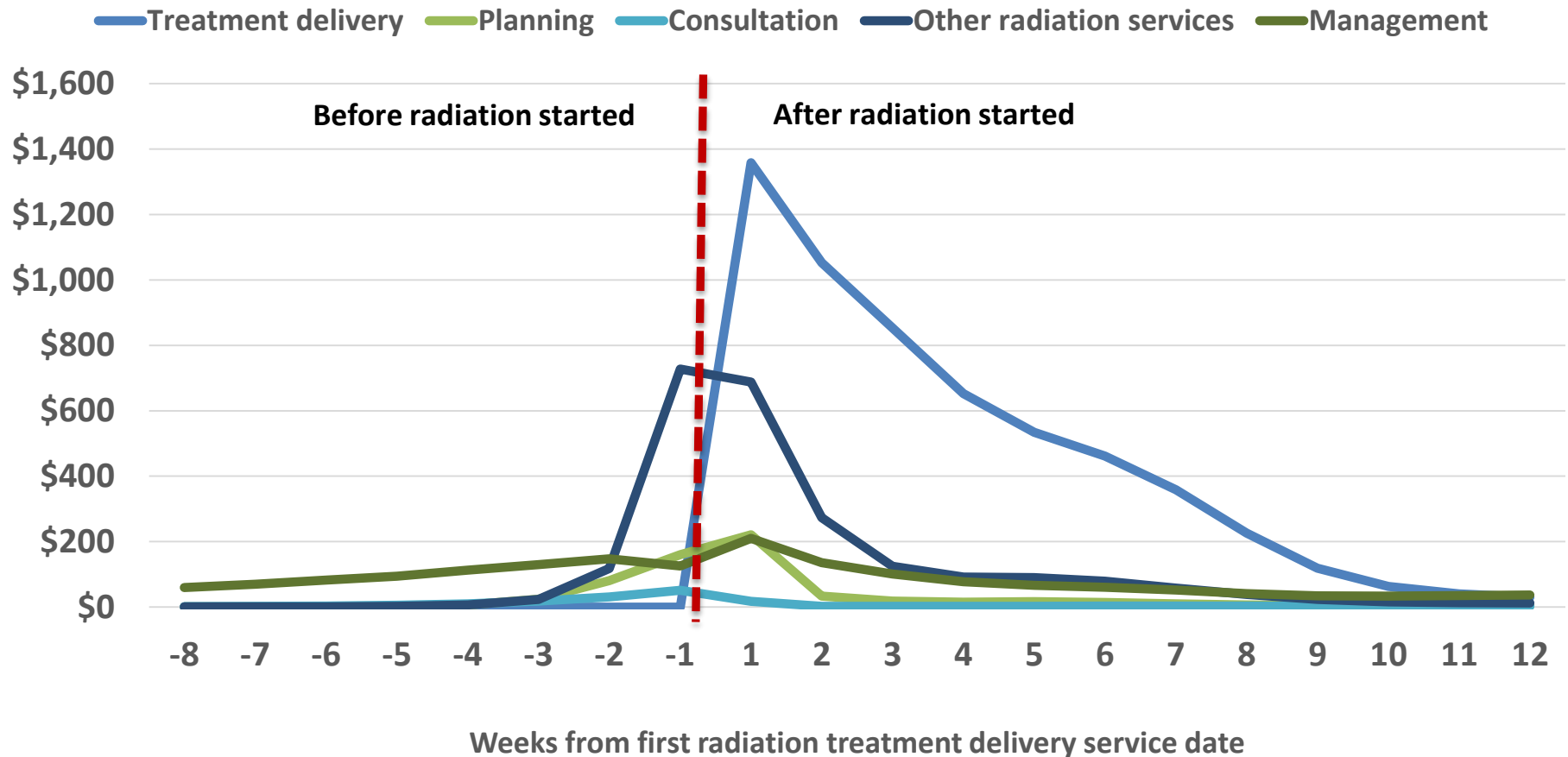


1. Note: Non-cancer and cancer diagnoses with <1% of beneficiaries are not shown

Medicare Payments for Radiation: Lung Cancer

Preliminary

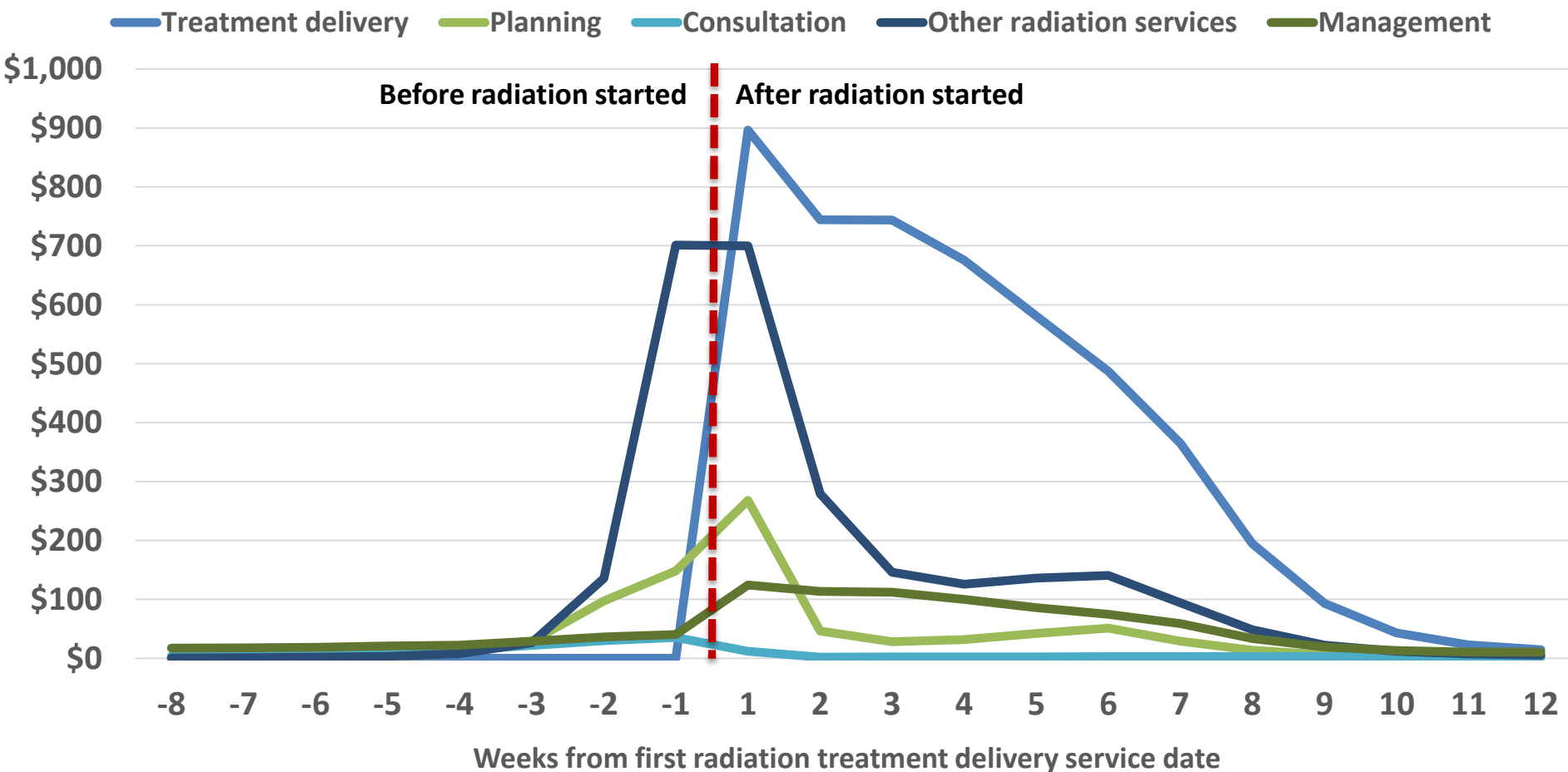
Average expenditures for radiation services for lung cancer patients
before and after first radiation treatment delivery service
July 2013 - June 2016



Medicare Payments for Radiation: Breast Cancer

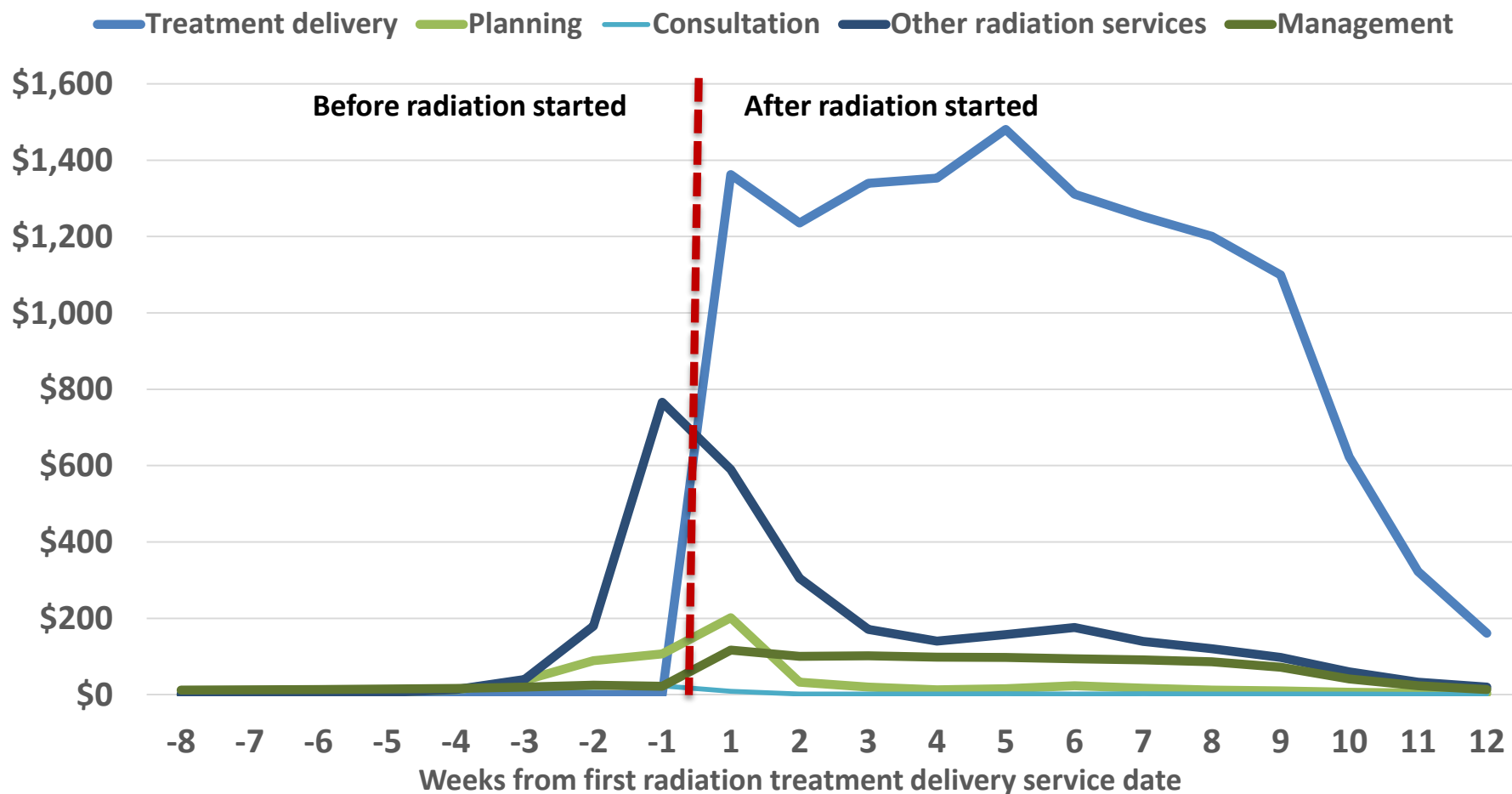
Preliminary

Average expenditures for radiation services for breast cancer patients
before and after receipt of first radiation treatment service
July 2013 - June 2016



Medicare Payments for Radiation: Prostate Cancer

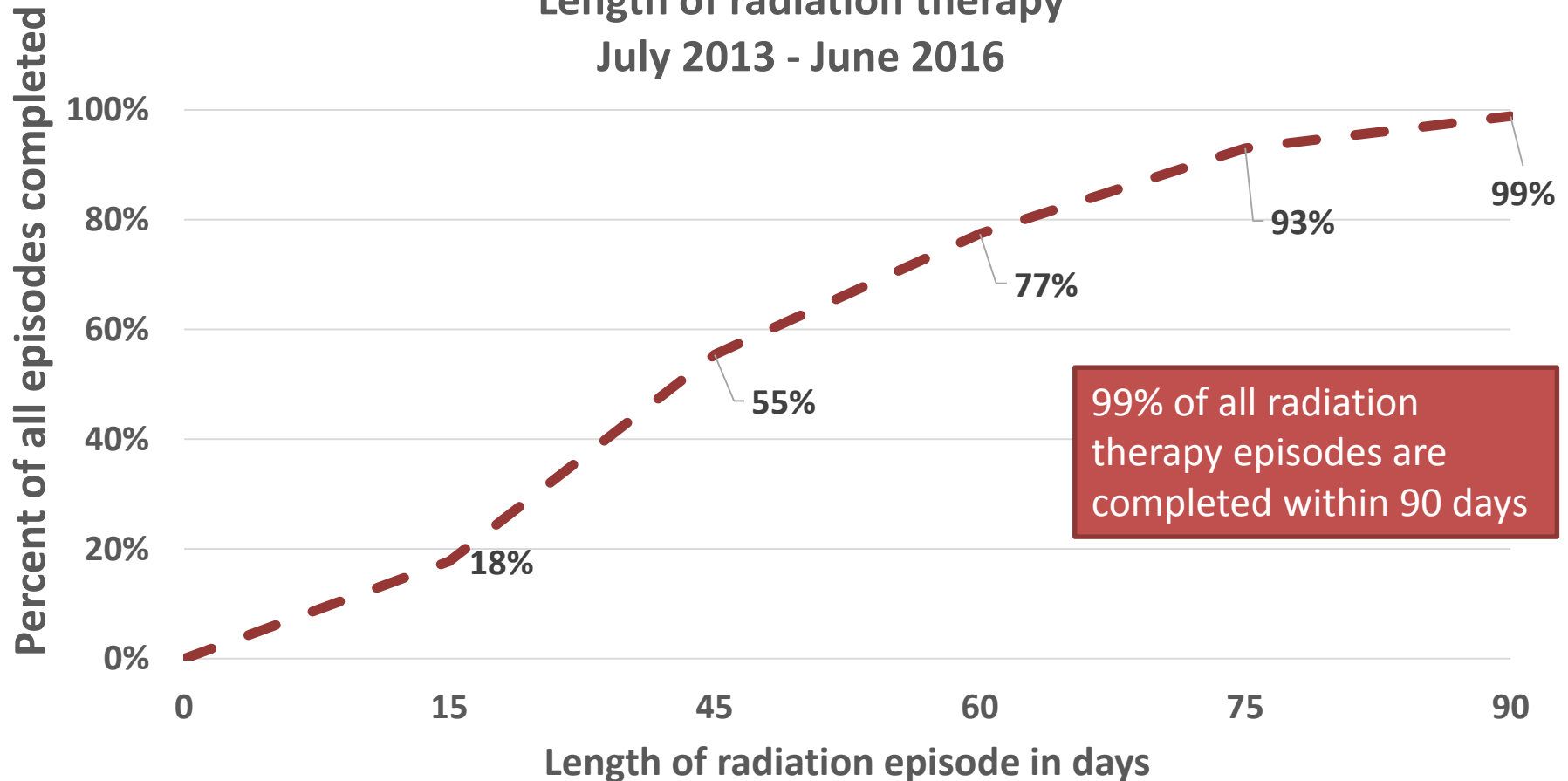
Average expenditures for radiation services for prostate cancer patients
before and after receipt of first radiation treatment delivery service
July 2013 - June 2016



Length of a Radiation Episode

Preliminary

Length of radiation therapy
July 2013 - June 2016



Note: Episodes were triggered through the use of a treatment planning code and terminated at the last treatment delivery code that did not have a subsequent treatment delivery code billed within 28 days

Report to Congress: Input and Feedback

We look forward to getting your feedback today.

Please submit any comments to:

Radiation Therapy Report to Congress
CMMI Patient Care Models Group

RadiationTherapy@cms.hhs.gov

Stakeholder Presentations

- | | |
|-------------------------------------|-----------------------|
| • LUGPA | Celeste G. Kirschner |
| • 21 st Century Oncology | Constantine Mantz, MD |
| • US Oncology Network | Vivek Kavadi, MD |
| • ASTRO | Brian Kavanagh, MD |
| • Highlands Cancer Center | Anshu Jain, MD |

Public Comments

- Persons in the room please approach the microphone
- Persons online, please “raise your hand”.
 - Moderator will open your phone line when it is your turn to speak.