Radiation Oncology Model Requirements Webinar

Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services

Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures Final Rule, and Calendar Year 2022 Outpatient Prospective Payment System/Ambulatory Surgical Center Payment System Notice of Proposed Rulemaking (CMS-1753-P)

Date: September 28, 2021

Time: 2:30-4:00 p.m. ET

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The contents of this presentation do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This presentation is intended only to provide clarity to the public regarding existing requirements under the law.

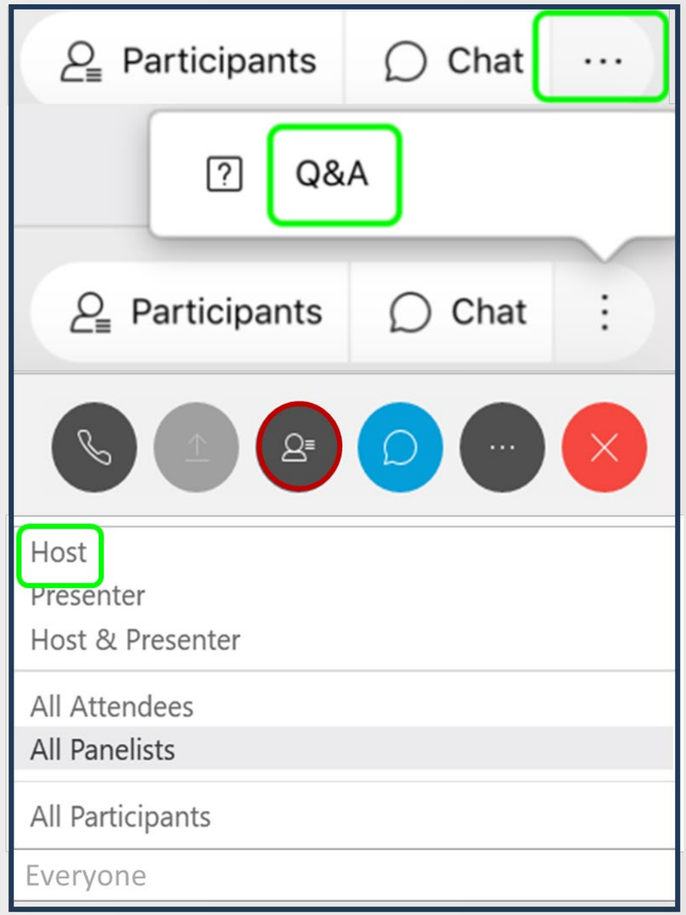
This event is open to everyone. If you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov.

Note

This webinar is designed for staff at participating hospital outpatient departments, physician group practices, and freestanding radiation therapy centers who are supporting their organization in registration and participation in the RO Model.

Webinar Logistics and Materials

- All lines are muted upon entry
- During Q&A, to ask a question:
  - Use the Q&A feature to type a question to speakers
- To note technical issues, use the Chat feature and chat the Host
- Closed captioning is available for today's event
- Polling is included in today's event
- A recording and slides will be available on the RO Model website within a few days at https://innovation.cms.gov/innovation-models/radiation-oncology-model
- Slides, a recording, and a transcript will also be posted to RO Connect (search term "RO Model Requirements")
- A post-event survey will pop-up at the end of today's event



Agenda

2:30–2:40 p.m. ET	Welcome	Jessica McNab (Mathematica)
2:40–2:50 p.m. ET	RO participant types	Mark Reardon (CMMI)
2:50–3:05 p.m. ET	General and RO participant-specific requirements	Mark Reardon (CMMI), Dr. Aileen Chen (Clinical Consultant)
3:05–3:15 p.m. ET	Peer review	Dr. Aileen Chen (Clinical Consultant)
3:15–3:25 p.m. ET	Clinical and quality data reporting requirements	Mark Reardon (CMMI)
3:25–3:40 p.m. ET	Monitoring and compliance	Mark Reardon (CMMI)
3:40–3:55 p.m. ET	Q&A	Mark Reardon, Marcie O'Reilly (CMMI)
3:55–4:00 p.m. ET	Wrap-up and next steps	Jessica McNab (Mathematica)

Learning System Activities and Resources

Timing	Topics
July	RO Model 101 Refresher and Portal Overview webinar and Portal Overview resource
	Quality Measure and Clinical Data Element Collection and Submission Guide and clinical data elements templates ("data collection materials")
	Technical Files (including Payment Calculator Workbook)
	Frequently Asked Questions (FAQs)
August 24	Coding, Billing, and Pricing Methodology webinar
August 31	Coding, Billing, and Pricing Methodology office hours
September	RO Model Requirements webinar
	Index of Resources
October	FAQs
	Implementation Guide
	Billing resource
November	Clinical and Quality Reporting Requirements webinar
December	QPP, APM, MIPS webinar

Note: Timing and topics are subject to change based on ongoing trends of RO participant needs

Audience Poll (1)

Which topics are you most interested in hearing more about in future? (select all that apply)

a) RO Model requirements for all RO participants

b) Participant-specific requirements (Technical participant, Professional participant, and Dual participant requirements)

c) Clinical and quality data reporting requirements

d) Monitoring and compliance

e) Peer review

f) Other (enter in the Q&A panel)

Speakers

Dr. Mark Reardon, *Quality Lead, RO Model, CMS Innovation Center, CMS*

Dr. Reardon is a CMS Fellow and Management Analyst at CMMI. Dr. Reardon is passionate about the positive impact of value-based care on patients and providers and joined CMMI to continue to steward this important work in the public sector. Prior to CMMI, he was the Director of Partner Development at Commonwealth Care Alliance (CCA), a non-profit payer and provider organization focused on high-need dual-eligible beneficiaries in Massachusetts. He has also worked with firms driving innovation in the healthcare space, including Flare Capital Partners (as a Flare Scholar) and MetaMind (acquired by Salesforce). He holds an MD from the University of Miami Miller School of Medicine and an MBA from Duke University's Fuqua School of Business.

Marcie O'Reilly, *Team Lead, RO Model, CMS Innovation Center, CMS*

Ms. O'Reilly joined CMMI in 2014. She has spent the last 4+ years designing the proposed Radiation Oncology (RO) Model. She is currently leading the rulemaking and implementation teams for the RO Model. Prior to the RO Model, Marcie participated in the design of the Home Health Value-Based Purchasing Model (HHVBP) and led the implementation of HHVBP with required participation in nine states. Before that, she was on the design and implementation teams for the Medicare Care Choices Model. She came to CMMI with 25 years of healthcare provider experience. Marcie has a Bachelor of Science in Nursing from the Univ of Maryland and started her nursing career at the Univ of Maryland Cancer Center.

Speakers

Dr. Aileen Chen, *Clinical Consultant*

Dr. Chen is a practicing radiation oncologist and a member of the Department of Radiation Oncology and Department of Health Services Research at the University of Texas MD Anderson Cancer Center. She was previously on faculty at the Dana-Farber Cancer Institute/Brigham and Women's Hospital and received her MD from Harvard Medical School with a degree in Health Care Policy from the Harvard Kennedy School of Government. Dr. Chen specializes in the treatment of all types of thoracic cancer and her research focuses on improving quality, value, and care experience for patients. She has published numerous peer-reviewed studies and received funding from the American Cancer Society, the American Society for Radiation Oncology, and NIH/NCI.

Audience Poll (2)

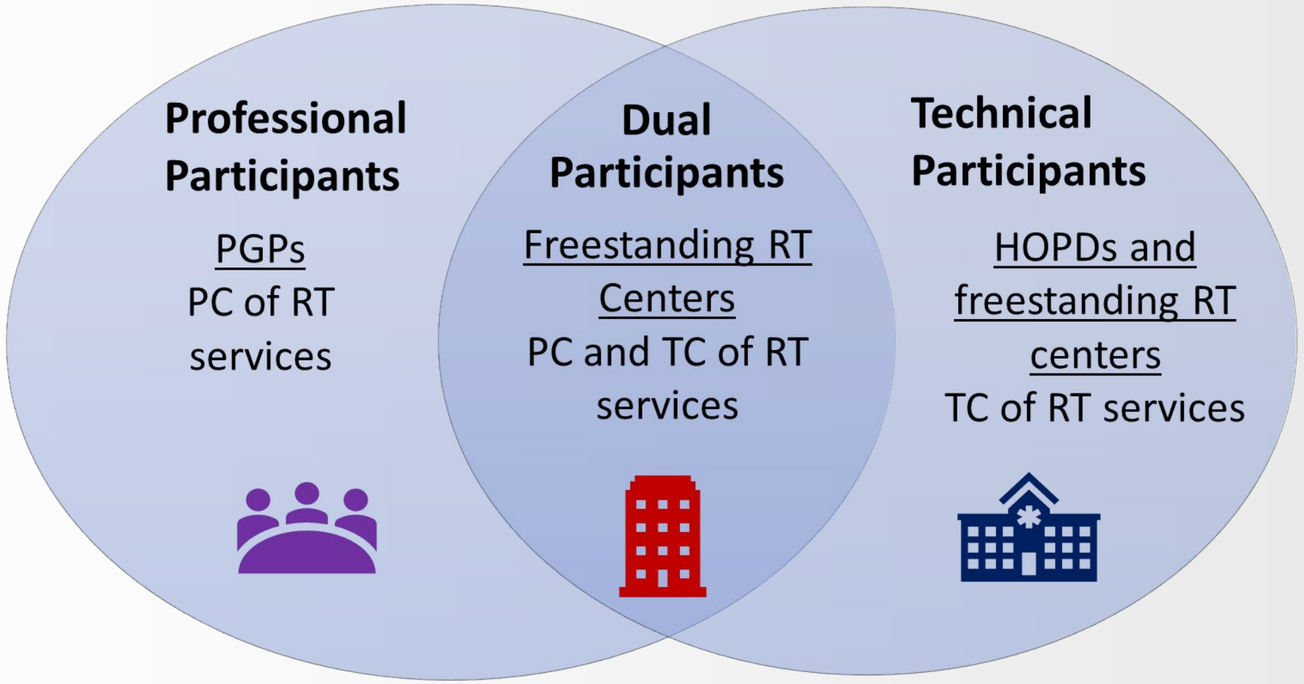
Have you received your RO Model ID? (select one response)

a) Yes
b) In process
c) No
d) Unsure
e) Not applicable, I am not an RO participant

RO Participant Types

RO Participant Types

Professional component
Includes RT services that may only be furnished by a physician



Technical component
Includes RT services that are not furnished by a physician (e.g., provision of equipment, supplies, and personnel, and costs related to RT services)

1. **Professional participant -** a Medicare-enrolled physician group practice identified by a single Taxpayer Identification Number (TIN) that furnishes only the professional component of an RO episode
2. **Technical participant -** a Medicare-enrolled hospital outpatient department or freestanding radiation therapy center, identified by a single CMS Certification Number (CCN) or TIN, which furnishes only the technical component of an RO episode
3. **Dual participant -** an RO participant that furnishes both the professional component and technical component of RT services of an RO episode through a freestanding radiation therapy center, identified by a single TIN

Am I a Professional Participant, Technical Participant, or Dual Participant?

Do you operate under a CCN or a TIN?

CCN

You are a hospital outpatient department

You are a **Technical participant**

TIN

Do you bill for physician services and technical services under the same TIN?

No

You are a physician group practice (PGP)

You are a **Professional participant**

Yes

You are a freestanding radiation therapy center (a type of PGP)

You are a **Dual participant**

(You will have one RO Model ID that contains both Professional and Technical services)

If you have multiple locations that bill under more than one TIN/CCN, you will have a separate Model ID for each TIN or CCN

Participant Examples

- A radiation oncologist that bills under the TIN of a freestanding radiation therapy center furnishes and bills the professional component for an RO episode
  - If that specific RO episode includes a hospital outpatient department furnishing and billing for the technical component under their CCN, that freestanding radiation therapy center would be a professional participant for that episode and the hospital would be the Technical component
  - **Remember:** CMS determines inclusion in the RO Model based on the ZIP Code of where the service was furnished as listed on the claim
- That same radiation oncologist could provide the professional component and then use the machines at their freestanding radiation therapy center
  - If the technical services at their facility are billed under the same TIN, then the freestanding radiation therapy center would in this case be a Dual participant
- For a practice with multiple locations that bill under the same TIN, having one location in an included ZIP Code does not automatically mean all locations are in the RO Model and must participate
  - Only those with site of service addresses in an included ZIP Code will be RO participants
  - All of the locations in participating ZIP Codes that bill under the same TIN will have one Model ID
  - **Remember:** The billing address does not determine participation, the site of service does

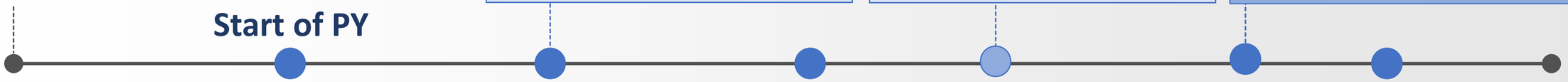
RO Model Performance Year

Before start of PY

- Case mix and historical experience adjustments available on ROAP
- Notification of non-participation due to eligibility for low volume opt-out due

Within 30 days of start of PY

- CEHRT attestation due on ROAP for Professional participants and Dual participants



Professional participants and Dual participants

- Submit CDE data for episodes that ended in the prior six months
- Develop plan to meet peer review threshold

Professional participants and Dual participants

- Submit quality measures data for episodes that ended in the previous PY

Professional participants and Dual participants

- Submit CDE data for episodes that ended in the prior six months

Professional participants, Dual participants, and some Technical participants

- Submit individual practitioner list attestation by the 3rd QP snapshot date*

Technical participants and Dual participants

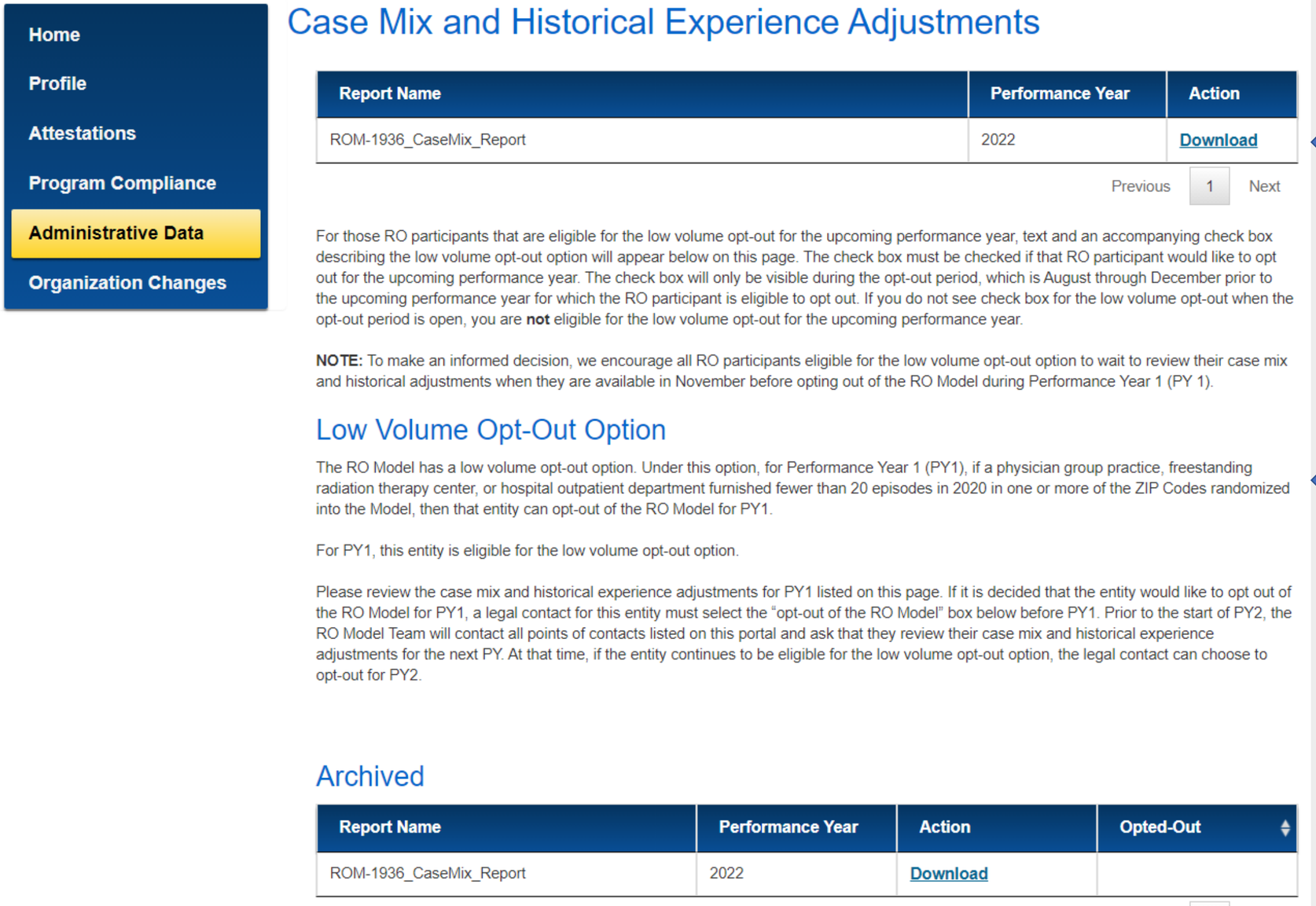
- Submit patient safety organization attestation for the current PY

All RO participants

- Initial reconciliation for the previous PY and true-up reconciliation for PY two years previous, if applicable

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

RO Model Requirements Before Performance Year Start



After the final rule publishes, updated Case Mix and Historical Experience Adjustments will be available here.

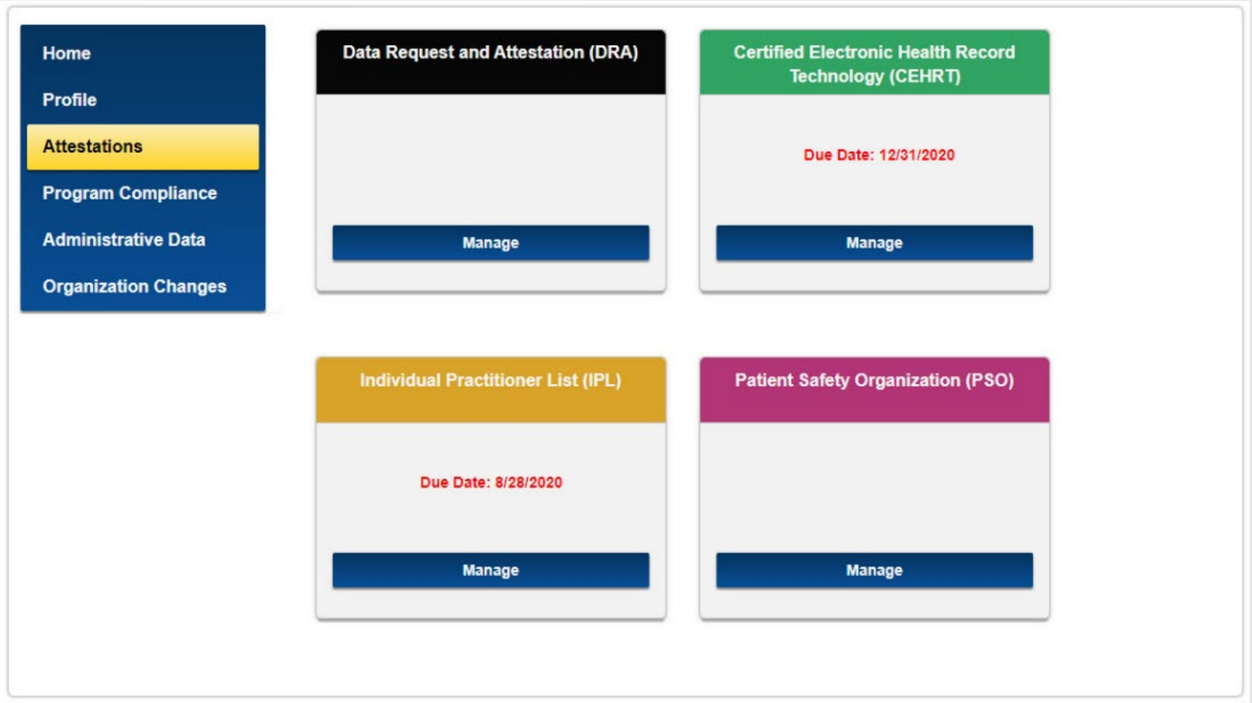
If you are eligible for the low volume opt-out option, you will see this text.
Legal contacts will see a check box at the bottom of this text that they must select before the start of the performance year.

You can view old Case Mix and Historical Experience Adjustment data here. This data can be put into the Payment Calculator on the RO Model website to estimate payments under the RO Model.

RO Administrative Portal Attestations

Having attained RO Administrative Portal access, RO participants can access the Attestations page by going to the Home Page and selecting “Attestations” in the blue vertical navigation menu on the left side

- Professional participants and Dual participants will need to complete the Certified Electronic Health Record Technology attestation **before the start of the PY** and update and attest to the Individual Practitioner List **before the QP snapshot date***
  - Freestanding radiation therapy centers that are Technical participants will also need to update the Individual Practitioner List*
- Technical participant and Dual participants will need to complete the Patient Safety Organization attestation **before the end of the PY**
- All RO participants that wish to request data will complete the **Data Request and Attestation** process



*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

RO Model Individual Practitioner List (IPL) Requirements

The APM Entity is at the Taxpayer Identification Number level

Create and post IPL

Upon the start of the performance year, CMS will post an IPL to ROAP for Professional participants and Dual participants, as well as PGPs that are Technical participants*

Review, revise, certify, and return

RO participants will review, revise, certify, and return the IPL to CMS via ROAP

Attestation must occur by the third QP determination snapshot date (typically in late Summer)*

Develop IPL

CMS will use the list to:

- Make QP determinations
- Identify MIPS-eligible clinicians who may be scored with the APM Entity for MIPS

If an RO participant begins participation in the RO Model after the start of a PY, but at least 30 days prior to the last QP determination snapshot date, CMS will create and provide an IPL to that RO participant*

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

General and RO Participant-Specific Requirements

General RO Model Requirements for All RO Participants

All RO participants must:

1. Meet applicable state and federal licensure and certification requirements
2. Submit claims, under the existing Medicare claims systems in accordance with the RO Model billing instructions as described in the final rule
3. In addition to submitting claims in accordance with the RO Model guidance for purposes of episode payment, submit encounter data (“no-pay” claims) for all RT services furnished during the episode for purposes of reconciliation, monitoring, and evaluation

RO Model Requirements for Technical Participants and Dual Participants

- Technical participants and Dual participants must:
  - At such times and in the way specified on the RO Administrative Portal, annually attest to active participation with an Agency for Healthcare Research and Quality-listed patient safety organization
    - For example, by maintaining a contractual or similar relationship with a patient safety organization for the receipt and review of patient safety work product
    - CMS believes that patient safety is of paramount importance and that participation with a patient safety organization can lead to delivery of safe, high-quality care

Note

Dual participants must meet the requirements of <u>both</u> Professional participants and Technical participants.

RO Model Requirements for Professional Participants and Dual Participants (1)

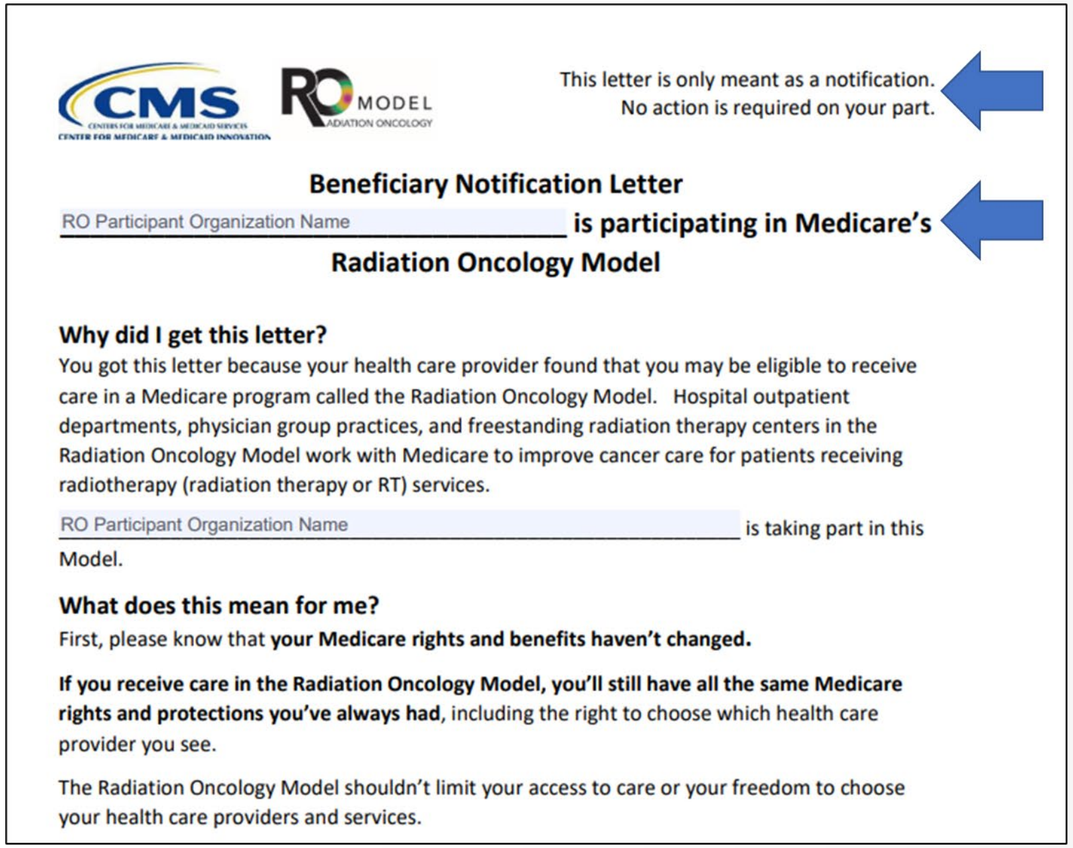
- Professional participants and Dual participants must:
  - Discuss goals of care with RO beneficiaries before initiating treatment, and inform them whether treatment intent is curative or palliative
  - Adhere to nationally recognized, evidence-based clinical treatment guidelines when appropriate or, alternatively, document in the medical record the extent of and rationale for any departure from these guidelines
  - Provide written notice of participation in the RO Model to each RO beneficiary during treatment planning, ensuring the notice includes:
    - RO participant's contact information and logo
    - Information regarding RO beneficiary's cost-sharing responsibilities
    - RO beneficiary's right to refuse having their claims data shared

Note

RO participants must use the RO Beneficiary Notification Letter fillable form, available on the RO Model website, to develop their own letters:

https://innovation.cms.gov/media/document/ro-bene-notif-letter

RO Model Requirements for Professional Participants and Dual Participants (2)



This letter is only meant as a notification.
No action is required on your part.

Beneficiary Notification Letter

RO Participant Organization Name **is participating in Medicare's Radiation Oncology Model**

Why did I get this letter?

You got this letter because your health care provider found that you may be eligible to receive care in a Medicare program called the Radiation Oncology Model. Hospital outpatient departments, physician group practices, and freestanding radiation therapy centers in the Radiation Oncology Model work with Medicare to improve cancer care for patients receiving radiotherapy (radiation therapy or RT) services.

RO Participant Organization Name is taking part in this Model.

What does this mean for me?

First, please know that **your Medicare rights and benefits haven't changed.**

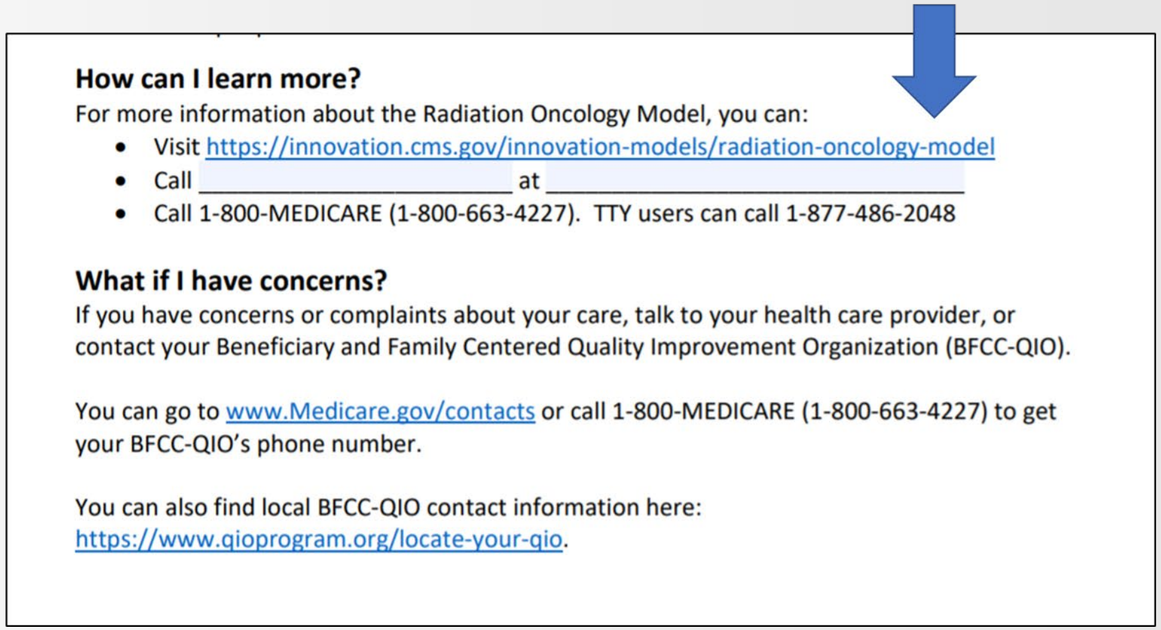
If you receive care in the Radiation Oncology Model, you'll still have all the same Medicare rights and protections you've always had, including the right to choose which health care provider you see.

The Radiation Oncology Model shouldn't limit your access to care or your freedom to choose your health care providers and services.

1. Professional participants and Dual participants may put their logo at the top of this letter.

2. Professional participants and Dual participants should put their organization's "doing business as" name into this box. It will autofill throughout the letter.

3. On the last page, Professional participants and Dual participants should input the organization's phone number in case a beneficiary has follow-up questions.



How can I learn more?

For more information about the Radiation Oncology Model, you can:

- Visit https://innovation.cms.gov/innovation-models/radiation-oncology-model
- Call _____ at _____
- Call 1-800-MEDICARE (1-800-663-4227). TTY users can call 1-877-486-2048

What if I have concerns?

If you have concerns or complaints about your care, talk to your health care provider, or contact your Beneficiary and Family Centered Quality Improvement Organization (BFCC-QIO).

You can go to www.Medicare.gov/contacts or call 1-800-MEDICARE (1-800-663-4227) to get your BFCC-QIO's phone number.

You can also find local BFCC-QIO contact information here: https://www.qioprogram.org/locate-your-qio.

RO Model Requirements for Professional Participants and Dual Participants (3)

- Professional participants and Dual participants must also:
  - Assess and document tumor, node, and metastasis cancer stage for the cancer diagnosis, and performance status as a quantitative measure determined by the physician
  - Send a treatment summary to each RO beneficiary's referring physician within 3 months of the end of the treatment
  - Submit beneficiary data to RO Administrative Portal within 30 days for beneficiaries that opt out of sharing claims data
  - As part of the criteria to be an Advanced Alternative Payment Model:
    - Use Certified Electronic Health Record Technology throughout the performance year in a manner sufficient to meet applicable requirements of the Advanced Alternative Payment Model criteria
    - Attest annually to use of Certified Electronic Health Record Technology within 30 days of the start of each performance year
  - Perform and document peer review (e.g., perform an audit and provide feedback on treatment plans)

Peer Review

Peer Review as a Tenet of Safety

- Peer review has the potential to improve the quality of RT services that Medicare beneficiaries receive by helping:
  - Identify changes in treatment plans that might benefit patients
  - Promote patient safety
  - Create opportunities for learning and continual improvement through feedback from colleagues
- Professional participants and Dual participants might consider peer review for RT services as a key component of all clinical operations[1]

1. Guidelines for quality assurance procedures for RT including peer review and automated QA checks: https://www.astro.org/ASTRO/media/ASTRO/Patient%20Care%20and%20Research/PDFs/Safety_is_No_Accident.pdf.

RO Model Peer Review Requirements

- Professional participants and Dual participants must perform and document peer review (audit and feedback on treatment plans) for the following percentages of new patients each performance year:

PY1	PY2	PY3	PY4	PY5
50%	55%	60%	65%	70%

- Peer review should occur preferably before starting treatment, but in all cases before 25% of the total prescribed dose has been delivered and within two weeks of the start of RO treatment
- Many Professional participants and Dual participants may have existing peer review processes, as peer review is supported by many professional associations and included in several existing RO accreditation programs:
  - American College of Radiology Accreditation Program
  - American College of Radiation Oncology Accreditation Program
  - American Society for Radiation Oncology Accreditation Program for Excellence
- The RO Model peer review requirement draws upon recommendations from these and other professional associations

Strategies for Implementing Peer Review

- Professional participants and Dual participants might consider including the following elements into their peer review processes:
  - Review of decision to treat with RT, goals of treatment, and treatment approach
  - Review of target volumes
  - Review of prescription dose, and dose constraints
  - Review of overall plan quality
- Suggested peer review practices, when possible:
  - Include physicians, physics/dosimetry staff, and other members of the treatment team
  - Allow opportunity for discussion and feedback in real time as part of peer review process
- Peer review can be done either in-person or virtually, and can potentially occur with groups from other practices (even distant)

Audience Poll (3)

Which description best applies to your organization? (select one response)

a) We have a peer review process in place and are accredited
b) We have a peer review process in place and are not accredited
c) We are preparing to implement a peer review process
d) Don’t know
e) Not applicable, I am not an RO participant

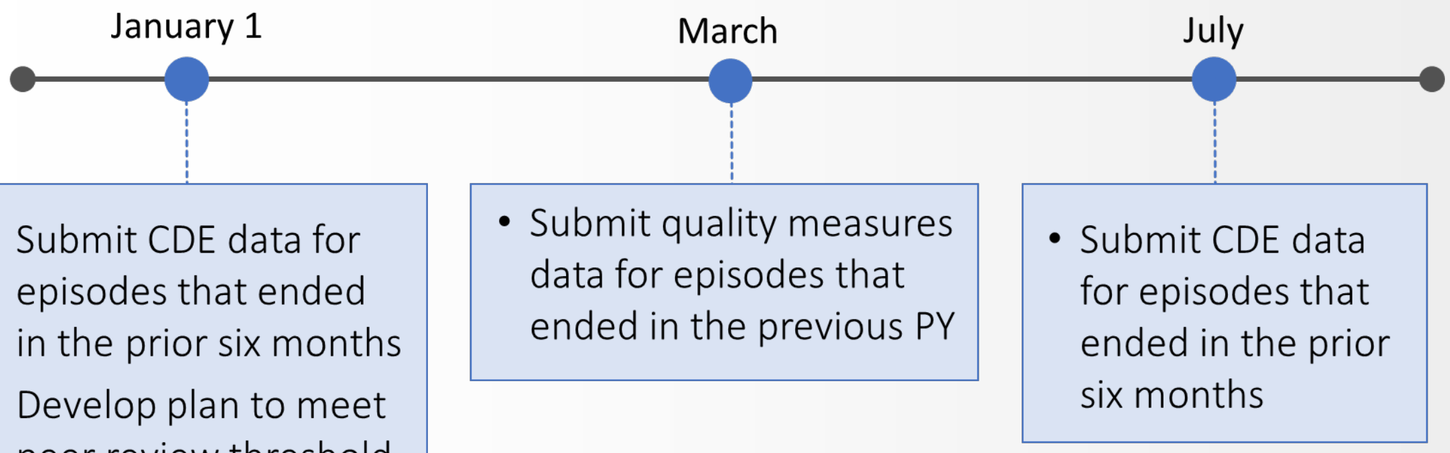
Clinical and Quality Data Reporting Requirements

Reminder

For more information on this subject, stay tuned for the upcoming **Clinical Data Elements and Quality Reporting Requirements webinar** (November 2021) and the **QPP, APM, MIPS webinar** (December 2021).

Clinical and Quality Data Reporting Requirements for Professional Participants and Dual Participants (1)

- Professional participants and Dual participants must:
  - Submit biannual clinical data elements data for RO beneficiaries who were treated for applicable cancer types and completed their RO episode in the preceding six months
    - Clinical data elements data are reported in July for episodes completed January 1 - June 30 and in January for episodes completed July 1 - December 31
  - Submit annual aggregate quality measure data by March 31 for the preceding performance year



Reminder

RO Model Quality Measure and Clinical Data Element Collection and Submission Guide and data reporting templates are available on the RO Model website: https://innovation.cms.gov/media/document/ro-model-qual-clin-data-element-guide-july-2021

Clinical and Quality Data Reporting Requirements for Professional Participants and Dual Participants (2)

- Professional participants and Dual participants should understand the elements of the Aggregate Quality Scores calculation:
  - Aggregate Quality Score calculated based on each Professional participant's or Dual participant's:
    1. Performance on a set of quality measures compared to quality performance benchmarks
    2. Reporting of data for the proposed pay-for-reporting measures
    3. Reporting of clinical data elements on applicable RO beneficiaries,
  - Performance on both portions of the Aggregate Quality Score is then used to calculate points, which are then converted into a percentage with 50% of the score based on quality measures components and the other 50% on successful reporting of clinical data elements
  - Resulting AQS percentage is applied during the reconciliation process to allow a Professional participant or a Dual participant to earn back a percentage of the quality withhold that was included in the calculation of the episode payment amount
- Starting in Performance Year 3, all RO participants will be accountable for patient experience via the patient reported CAHPS® Cancer Care Radiation Therapy Survey

The RO Model does not require clinical and quality data reporting requirements for Technical participants

Alternative Payment Model Requirements for Professional Participants and Dual Participants

- The RO Model qualifies as an Advanced Alternative Payment Model (APM) and a Merit-Based Incentive Payment System(MIPS) APM
- Advanced APMs and MIPS APMs require attaching quality to payment. The quality measures for the RO Model are:
    1. Oncology: Medical and Radiation—Plan of Care for Pain
    2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan
    3. Advance Care Plan
    4. Treatment Summary Communication—Radiation Oncology

Reminder

Final CMS determinations of Advanced APMs and MIPS APMs for the 2022 performance period will be announced via the Quality Payment Program website:

https://www.qpp.cms.gov

CAHPS® Cancer Care Radiation Therapy Survey

- **Professional participants and Dual participants**
  - Starting in Performance Year 3, results from selected patient experience measures based on the CAHPS® Cancer Care Radiation Therapy survey will be incorporated into the Aggregate Quality Score and applied to the quality withhold and the patient experience withhold
- **Technical participants**
  - Starting in Performance Year 3, results from selected patient experience measures based on the CAHPS® Cancer Care survey will be incorporated into the Aggregate Quality Score for Technical participants and applied to the patient experience withhold

CMS will administer the CAHPS® Cancer Care Radiation Therapy survey.
RO participants do not need to contract with a separate entity to administer the survey.

Monitoring and Compliance

Monitoring for Compliance (1)

- RO participants are required to formally attest to CEHRT, patient safety organization participation, and the Individual Practitioner List, as applicable, on ROAP
- For all other model requirements applicable to Professional participants and Dual participants, CMS will be monitoring for compliance during site visits and possibly virtual chart reviews
- If Professional participants and Dual participants are selected for a random site visit or virtual chart audit during the course of the RO Model, they must simply demonstrate that these requirements are taking place
  - Documenting these actions can be done in any manner and does not need to be submitted electronically to CMS
  - No changes to EHR systems are necessary for tracking these requirements unless an RO participant wishes to document these requirements in that manner
- In addition to the above, Quality Improvement Organizations may assess for quality issues and investigate allegations of patient harm
- Finally, RO participants will receive individual performance feedback reports starting in April of Performance Year 1

Monitoring for Compliance (2)

Professional participants and Dual participants must ensure that all individual practitioners:

- Discuss goals of care with each RO beneficiary before initiating treatment and communicate to the RO beneficiary whether the treatment intent is curative or palliative
- Adhere to nationally recognized, evidence-based clinical treatment guidelines when appropriate in treating RO beneficiaries or, alternatively, document in the medical record the extent of and rationale for any departure from these guidelines
- Assess each RO beneficiary's tumor, node, and metastasis (TNM) cancer stage for CMS-specified cancer diagnoses
- Perform and document Peer Review
- Assess the RO beneficiary's performance status as a quantitative measure determined by the physician
- Send a treatment summary to each RO beneficiary's referring physician within 3 months of the end of treatment to coordinate care
- Discuss with each RO beneficiary prior to treatment delivery their inclusion in the RO Model and their cost-sharing responsibilities.
- Notify RO beneficiaries of participation in the RO Model using the beneficiary notification letter

Compliance and QP Determinations for RO Participants (1)

- Advanced Alternative Payment Models (APMs) are a track of the Quality Payment Program (QPP) that offer a 5% incentive payment for achieving threshold levels of payments or patients through the models
- Based on monitoring results, an eligible clinician taking part in the RO Model might not receive Qualifying APM Participant (QP) status if they or their APM Entity are noncompliant with RO Model requirements
- CMS has proposed a track system outlining where RO participants fall in relation to QPP requirements in order to simplify alignment with QPP for RO participants*

Reminder

For more information on this subject, stay tuned for the upcoming **QPP, APM, MIPS webinar** (December 2021).

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

Compliance and QP Determinations for RO Participants (2)

- If an RO participant is found to be noncompliant through attestations, site visits, or virtual chart reviews, the RO participant will be notified it is not in compliance and will be given time to come into compliance
- If non-compliance continues, participants will receive a Notice of Non-Compliance letter requesting a Corrective Action Plan
- Corrective Action Plans require RO participants to establish a plan and timeline for coming into compliance
- If an RO participant does not come into compliance after the Corrective Action Plan process, they jeopardize their Qualifying APM Participant (QP) status
- For noncompliance, CMS also has the legal authority to discontinue data sharing, recoup model specific payments, and reduce or eliminate a model-specific payment otherwise owed to the RO participant

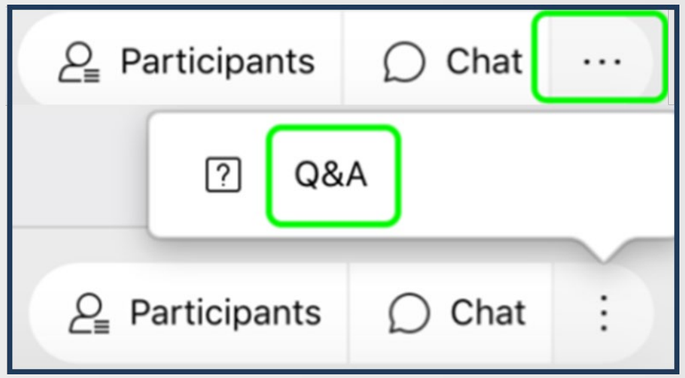
RO Model Evaluation

- RO participants are required to cooperate with efforts to conduct an independent evaluation of the RO Model, which may include:
  - Surveys
  - Interviews
  - Site visits
  - Other activities needed to conduct a comprehensive evaluation
- An annual Evaluation Report will be publicly released for each year of the RO Model, which will provide an assessment on the RO Model's impact on quality, expenditures, utilization, RO beneficiary and RO participant experiences with RT service use and quality of care, and costs to RO beneficiaries and to Medicare

Q&A

Reminder of How to Ask a Question

- To ask a question:
  - Use the Q&A feature to type a question to speakers



RO Model Resources

RO Model Website:

https://innovation.cms.gov/innovation-models/radiation-oncology-model

- RO Model Portal Overview and portal manuals
- FAQs
- RO Model Payment Calculator Workbook
- RO Model Episode File (2017-2019) and Data Dictionary
- HCPCS_CD Chemotherapy Code File
- NCD Chemotherapy Codes File
- Major Procedures File
- Case Mix Regression Model File
- RO Model-Specific HCPCS Codes-August 2021
- Included Cancer ICD-10 Codes-August 2021
- Included RT Services (HCPCS Codes)-August 2021

RO Connect:

https://app.innovation.cms.gov/CMMIConnect/s/login/

RO MODEL RADIATION ONCOLOGY **Newsletter**

CMS

ISSUE 1 **August 2021**

The Radiation Oncology (RO) Model Newsletter summarizes upcoming activities (events, milestones, and resources), points to previously shared resources, highlights Frequently Asked Questions (FAQs) and other information about the RO Model relevant to implementation, and prepares you for the RO Model. The RO Model Newsletter is intended for Technical, Professional, and Dual participants who are supporting their organization in registration and participation in the RO Model.

Wrap-Up

Please complete the evaluation as you exit the event. Feedback helps us improve future activity and resources.

Thank You!

RO Model Help Desk

Please direct questions about the RO Model or upcoming events to the RO Model Help Desk:

- RadiationTherapy@cms.hhs.gov
- 1-844-711-2664, Option 5

Next Up: Clinical Data Elements and Quality Reporting Requirements webinar

Appendix: Acronyms

Acronym	Definition
(A)APM	(Advanced) Alternative Payment Model
3DCRT	3-Dimensional Conformal Radiotherapy
AHRQ	Agency for Healthcare Research and Quality
AQS	Aggregate Quality Score
ASC	Ambulatory Surgery Centers
BFCC-QIOs	Beneficiary and Family-Centered Care—Quality Improvement Organizations
CAH	Critical Access Hospitals
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CBSA	Core-Based Statistical Area
CCN	CMS Certification Number
CDE	Clinical Data Element
CEHRT	Certified Electronic Health Record Technology
CHART	Community Health Access and Rural Transformation
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CNS	Central Nervous System
DRA	Data Request and Attestation
E&M	Evaluation and Management
EID	Enterprise ID
EOE	end-of-episode
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
HCPCS	Healthcare Common Procedure Coding System
HOPD	Hospital outpatient department

Acronym	Definition
IGRT	Image-Guided Radiotherapy
IMRT	Intensity-Modulated Radiotherapy
IPL	Individual Practitioner List
MIPS	Merit-Based Incentive Payment System
MPFS	Medicare Physician Fee Schedule
OPPS	Outpatient Prospective Payment System
PAMPA	Patient Access and Medicare Protection Act
PBT	Proton Beam Therapy
PC	professional component
PCHs	PPS-Exempt Cancer Hospitals
PGPs	Physician Group Practices
PPS	Prospective Payment System
PSO	Patient Safety Organization
PY	Performance Year
QM	Quality Management
QPP	Quality Payment Program
RO	Radiation Oncology
ROAP	Radiation Oncology Administrative Portal
RT	Radiotherapy
SBRT	Stereotactic Body Radiotherapy
SOE	start-of-episode
SRS	Stereotactic Radio Surgery
TC	technical component
TIN	Taxpayer Identification Number

Appendix: Peer Review Resources

1. Guidelines for quality assurance procedures for RT including peer review and automated QA checks: https://www.astro.org/ASTRO/media/ASTRO/Patient%20Care%20and%20Research/PDFs/Safety_is_No_Accident.pdf.
2. Marks LB, Adams RD, Pawlicki T, et al. Enhancing the role of case-oriented peer review to improve quality and safety in radiation oncology: Executive summary. Pract Radiat Oncol. Jul-Sep 2013;3(3):149-156. doi:10.1016/j.prro.2012.11.010.
3. Halvorsen PH, Das IJ, Fraser M, et al. AAPM Task Group 103 report on peer review in clinical radiation oncology physics. J Appl Clin Med Phys. Fall 2005;6(4):50-64.
4. Adams RD, Chang S, Deschesne K, et al. Quality assurance in clinical radiation therapy: A quantitative assessment of the utility of peer review in a multiphysician academic practice. Int J Radiat Oncol Biol Phys. 2009;75(3):S133.
5. Ganju RG, TenNapel M, Chen AM, et al. Impact of peer review on use of hypofractionated regimens for early-stage breast cancer for patients at a tertiary care academic medical center and its community-based affiliates. J Oncol Pract. 2019;15(2):e153–161. https://doi.org/10.1200/JOP.18.00190.
6. ASTRO Peer-to-Peer Match: https://www.astro.org/Patient-Care-and-Research/Patient-Education/ROhub/Peer-to-Peer-Program#:~:text=Located%20in%20the%20ROhub%2C%20Peer,peer%20review%20of%20patient%20cases.