

# RADIATION ONCOLOGY MODEL



*Specialty Listening Session  
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*Presenter: Marcie O'Reilly*

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# Agenda



*RO Model Design Elements*  
*RO Model Rationale*  
*Proposed vs. Finalized Policies*  
*Next Steps for Onboarding*



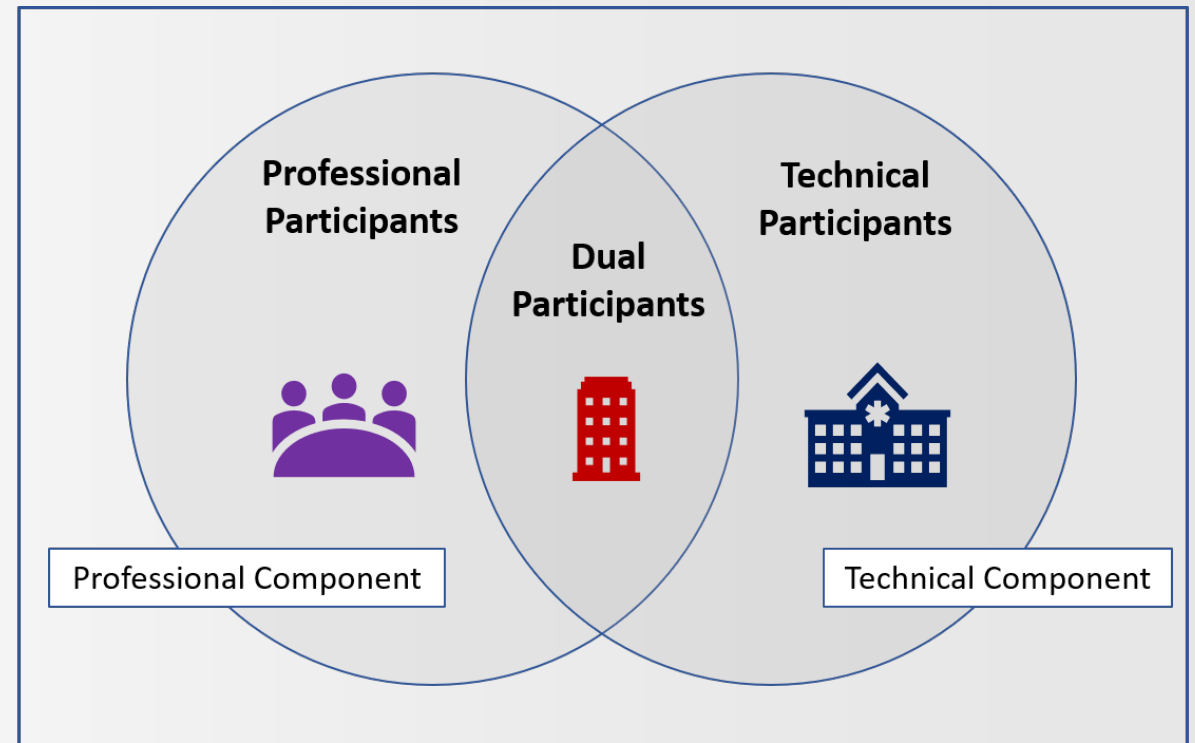
# RO MODEL DESIGN ELEMENTS

# RO MODEL DESIGN ELEMENTS SUMMARY

- The Radiation Oncology (RO) Model will test whether prospective, site neutral, episode-based payments for radiotherapy (RT) episodes of care reduces Medicare program expenditures while preserving or enhancing quality of care for Medicare beneficiaries.
- Required participation for Physician Group Practices (PGPs), Freestanding Radiation Therapy Centers, and Hospital Outpatient Departments (HOPDs) that meet the following:
  - Operate in one or more of the randomly selected CBSAs
  - Provide RT services for 1 or more of 16 selected cancer types
  - Provided 20 or more episodes in the most recent calendar year across the randomly selected CBSAs, based on available claims data
- 90-day episodes for the Professional component (PC) and Technical component (TC) of RT services
- Prospective, site neutral episode payment with an annual retrospective payment reconciliation
- Advanced Alternative Payment Model (APM) and Merit-based Incentive Payment System (MIPS) APM under CMS Quality Payment Program (QPP)

# PARTICIPANTS

- **Physician Group Practices (PGPs)** are identified by a single Tax ID Number (TIN) and furnish the PC of RT services.
- **Hospital Outpatient Departments (HOPDs)** are identified by a single CMS Certification Number (CCN) and furnish only the TC of RT services
- **Freestanding Radiation Therapy Centers** are identified by a single TIN and can furnish both the PC and TC of RT services.



# PROSPECTIVE PAYMENT EPISODE



Prospective payments for certain RT services furnished during a 90-day episode of care for 16 cancer types.



Payments cover select RT services furnished during an episode; not total cost of all care.



Episodes split into two components – the Professional Component (PC) and the Technical Component (TC).



Episode payments made in two installments, 50% at the start of the episode and 50% when radiation treatment has ended.

## RO MODEL AS AN ADVANCED APM

- The RO Model qualifies as both an Advanced APM by requiring the following:
  - Use of certified EHR technology (CEHRT)
  - Inclusion of quality measure performance as a determination of payment to participants for covered professional services
  - APM Entities bear financial risk for monetary losses of more than a nominal amount
- Also qualifies as a MIPS APM





# RO MODEL RATIONALE



# RO MODEL RATIONALE

- Addresses site of service payment differentials, i.e., higher payment rates in HOPDs versus community settings for the same service;
- Addresses coding and payment challenges, creating less volatility in revenue year-over-year;
- Empowers patients and doctors by encouraging physicians to provide high-quality nationally recognized evidence-based care;
- Supports innovative approaches to improving quality, accessibility, and affordability by removing current payment incentives;
- Ensures radiation oncologists can provide the most appropriate care for their patients without negative financial consequences; and,
- Improves beneficiary experience by rewarding high-quality patient-centered care and incentivizing high-value RT.



# SUMMARY OF CHANGES FROM PROPOSED TO FINAL RULE



## **PROPOSED**

- Required participation of 40% of eligible RO episodes annually.

## **FINALIZED**

- Required participation of 30% of eligible RO episodes annually.

# *MODEL PERFORMANCE PERIOD*

## **PROPOSED**

- 5-year RO Model begins on January 1 or April 1, 2020 and ends on December 31, 2024.

## **FINALIZED**

- 5-year RO Model begins on January 1, 2021 and ends on December 31, 2025.

# INCLUDED CANCER TYPES

## PROPOSED

- 17 cancer types

1. Anal Cancer
2. Bladder Cancer
3. Bone Metastases
4. Brain Metastases
5. Breast Cancer
6. Cervical Cancer
7. CNS Tumors
8. Colorectal Cancer

## FINALIZED

- 16 cancer types
- Kidney cancer is removed

9. Head and Neck Cancer
10. Liver Cancer
11. Lung Cancer
12. Lymphoma
13. Pancreatic Cancer
14. Prostate Cancer
15. Upper GI Cancer
16. Uterine Cancer

## FINALIZED

- IORT is not an included modality

## INCLUDED MODALITIES:

1. 3-Dimensional Conformal Radiotherapy (3DCRT)
2. Intensity-Modulated Radiotherapy (IMRT)
3. Stereotactic Radio Surgery (SRS)
4. Stereotactic Body Radio Therapy (SBRT)
5. Proton Beam Therapy (PBT)
6. Image-Guided Radiation Therapy (IGRT)
7. Brachytherapy (*except for Surgical and Electronic*)

# QUALITY AND CLINICAL MEASURES

## PROPOSED

- Collect data on four quality measures:
  - Oncology: Medical and Radiation - Plan of Care for Pain
  - Preventive Care and Screening: Screening for Depression and Follow-Up Plan
  - Advance Care Plan
  - Treatment Summary Communication – Radiation Oncology
- Collect clinical and staging data for five cancer types (prostate, breast, lung, brain metastases, and bone metastases)

## FINALIZED

- Finalized as proposed
- Participants will submit CDEs in July 2021 for episodes ending in the first half of PY1
- Participants will submit QMs in March 2022 for PY1



## PROPOSED

- Require RO participants' submission of additional administrative data through annual web-based surveys.

## FINALIZED

- Administrative data reporting is optional.

# SECOND HALF OF BUNDLED PAYMENT

## PROPOSED

- Split the RO Model episode payments into two payments and only pay the second payment after the end of the 90-day episode.

## FINALIZED

- The second half of the RO Model payment can be made when radiation treatment has ended before the end of the 90-day episode, but no earlier than 28 days after the initial treatment planning service was furnished and participant is certain that treatment is complete.

# APM INCENTIVE PAYMENTS

## PROPOSED

- RO Model would be an advanced APM under the Quality Payment Program (QPP) for PY1-PY5, and only the PC payment, not the TC payment, would be included in the calculation of the APM incentive payment.

## FINALIZED

- Finalized as proposed.

# MIPS ADJUSTMENTS

## PROPOSED

- Waive all quality adjustments, including MIPS adjustments, for all RO Model payments for all participant types.

## FINALIZED

- Allow MIPS payment adjustments for the PC (but not the TC).

# NATIONAL BASE RATE

## PROPOSED

- Establish national base rates using a historical baseline of eligible HOPD episodes that initiated in 2015-2017 to calculate RO Model payments.

## FINALIZED

- The calculation of national base rates based is done as proposed using 2016-2018 as the baseline instead of 2015-2017.

## PROPOSED

- **Historically inefficient participants** have an efficiency factor where 90% is based on participants' historical experience and 10% is based on the national base rate (i.e., 90/10) in PY1, and then 85/15 in PY2, 80/20 in PY3, 75/25 in PY4, and 70/30 in PY5.
- **Historically efficient participants** have an efficiency factor of 90/10 over the Model's performance period.

## FINALIZED

- Finalized efficient and inefficient participant adjustments as proposed.
- Final rule changes the term "efficiency factor" to "blend".

## PROPOSED

- Set the discount at 4% on the PC of the RO Model payment, and the discount at 5% on the TC.

## FINALIZED

- Discounts reduced to 3.75% for the PC and to 4.75% for the TC.

## PROPOSED

- Include a 2% quality withhold and a 2% incorrect payment withhold, which could be earned back during reconciliation, depending on quality measure performance, clinical data reporting, and on proportion of complete episodes and payments for duplicative services.

## FINALIZED

- The incorrect payment withhold reduced to 1% beginning in PY1.
- The incorrect withhold amount and need for that withhold will be reevaluated in PY3.



# HARDSHIP EXEMPTION

## PROPOSED

- No proposal for a hardship exemption included.
- The rule requested comment on a hardship exemption, including how it might be defined.

## FINALIZED

- No hardship exemption included at this time, as the use of CBSAs, which exclude extreme rural areas, the payment methodology's reliance on historical payment, and the low-volume opt-out eliminate the need for such an exemption.
- CMS will monitor for potential unintended consequences and consider a hardship exemption in the future through rulemaking if needed.

# STOP LOSS POLICY

## PROPOSED

- Hardship exemption in future rulemaking

## FINALIZED

- Apply a stop-loss limit of 20% for certain RO participants.
- Annual opt-out option for low-volume entities

## **CLARIFICATION**

- New technology identified by new HCPCS codes will only be added to the list of bundled services in an RO episode through future rule-making.



# ONBOARDING



## *CHECK THE ZIP CODE LIST*

Most importantly, see if you're in the Model by checking the ZIP Code list here:

<https://innovation.cms.gov/media/document/ro-particip-zip-codes-list>

# STEP 1: CONTACT THE HELP DESK TO RECEIVE MODEL ID NUMBER

- Participants in the Model should first contact the Help Desk
  - RO participants must first call the RO Model Help Desk to receive their Model ID number. Be ready to provide your TIN or CCN number to receive your ID (Note that you may provide your CCN by email but you may never provide your TIN by email). You will also need to supply the first and last name of a primary contact and their email.
  - The Model ID number is critical; RO participants need it to log into the Radiation Oncology Administrative Portal (ROAP), the RO Model Secure Data Portal, and the Radiation Oncology Connect site.

Email: [RadiationTherapy@cms.hhs.gov](mailto:RadiationTherapy@cms.hhs.gov)

Phone: 1-844-711-2664, option 5

## STEP 2: REGISTER IN ROAP

- To access the ROAP, navigate to the [login page](#), and select “Register Here.”
- To Register, you will need to enter your Model ID, TIN or CCN, first name, last name, and email address of the designated primary contact in the appropriate fields (same as given to the Help Desk)
- ROAP allows participants to do the following:
  - Update participant information and contacts
  - Download and submit Data Request and Attestation (DRA) forms
  - Submit important RO Model Deliverables to CMS such as the Individual Practitioner Lists, Attestations, and Reports
  - Access participant specific data, including Historical Experience and Case Mix adjustments.
  - Attest to CEHRT, revise the Individual Practitioner List, and attest to PSO
  - Determine eligibility for Opt-out

## *STEP 3: ACCESS THE RO MODEL SECURE DATA PORTAL*

- Use Model ID Number to Access Secure Data Portal
  - The RO Model Secure Data Portal is the platform via which RO participants have the opportunity to request different types of files from CMS, including beneficiary line-level claims data, episode-level data, and participant-level clinical and quality data.
  - To request this data, RO participants will use a Participant Data Request and Attestation (DRA) form, which will be available on the Radiation Oncology Administrative Portal (ROAP).
  - The RO Model Secure Data Portal is the vehicle through which RO participants will report QM and CDE data.



## STEP 4: MONITOR THE RO MODEL WEBSITE

- Monitor [RO Model Website](#) for new materials

### **Available Now**

- RO Final Rule
- RO Model Fact Sheet
- Participating ZIP Code List
- RO Beneficiary Letter
- RO Clinical Data Elements  
Informal Request for Information

### **Upcoming Webinar**

- RO Model 101: October 15
- RO Model Billing: October 29

### **Forthcoming**

- Access to portals: ROAP, RO Model Secure Data Portal, and Connect
- Case Mix and Historical Experience Adjustments Examples
- Frequently Asked Questions (FAQs)
- RO Model-specific HCPCS Codes
- Trended National Base Rates
- RO Model Billing Guide
- Quality Measure and Clinical Data Element Collection Guide



**RO MODEL**  
RADIATION ONCOLOGY