



January 29, 2021

Liz Richter  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-8013

**RE: CMS-1736-IFC; Radiation Oncology Model Interim Final Rule with Comment Period**

Dear Acting Administrator Richter,

The American College of Radiology (ACR), representing nearly 40,000 diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to write to the Centers for Medicare and Medicaid Services (CMS) regarding our serious concerns with the Radiation Oncology (RO) Model and the interim final rule with comment period that was issued as part of the CY 2021 Hospital Outpatient Prospective Payment System (HOPPS) final rule. **The ACR urges CMS to reduce the excessive payment cuts to mandated radiation oncology participants, and to address concerns the College has detailed in previous comment letters to the Agency.**

The ACR wrote the Agency in [March](#), [July](#), and [October](#) of 2020 detailing the impacts that the COVID-19 pandemic has had and continues to have on radiation oncology practices. At this time, the COVID-19 pandemic continues to have significant impacts on the healthcare system and RO practices. **The ACR appreciates Congress delaying the Radiation Oncology Model to January 1, 2022, through the Consolidated Appropriations Act, 2021, and for recognizing the impact that the public health emergency (PHE) has had on the cancer care community.** This delay also allows more time for CMS to collaborate with the RO stakeholder community and to make necessary changes to the RO Model.

In the interim final rule with comment on the RO Model included in the CY 2021 HOPPS final rule, CMS stated that “the COVID-19 pandemic continues to strain health care resources, and CMS understands that those selected for participation in the RO Model may have limited capacity to continue normal operations while also preparing to meet the requirements set forth in the RO Model,” and that they “understand that many RO participants have had to furlough or cut staff.” **We appreciate CMS recognizing these challenges related to COVID-19 and continuing to work with stakeholders, including the ACR.** Due to the significant financial impacts of COVID-19, including declines in volume and revenue for radiation oncology practices, the ACR has recommended that CMS permanently reduce the discount factors in the model. Although CMS reduced the discount factors for PC and TC by 0.25% in the final rule, these cuts remain extremely steep and inappropriate for practices still combatting and trying to

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recover from the financial impacts of the pandemic. **As the ACR urged CMS in a [letter](#) to the Agency in October 2020, the ACR recommends that CMS reduce the discount factors to no more than 3%.** Reducing the discount factors further will help this model be more consistent with MACRA's intent. Furthermore, it seems reasonable for CMS to conduct a feasibility analysis on how this model affects beneficiary access before mandating among practices.

In the Correction document for the RO Model final rule, "Specialty Care Models to Improve Quality of Care and Reduce Expenditures; Correction," CMS made substantial changes surrounding the Medicare fee-for-service impacts on physician group practices and hospital-based group practices. **The significant changes in impact calculations demonstrate that CMS did not have an accurate understanding of the financial impact of the model upon the final rule's release. As such, the ACR believes that CMS must conduct further rulemaking before the Agency can implement the RO Model.** Furthermore, the ACR urges CMS to release the data files for 2016-2018 used to determine the National Base Rates, historical experience, and case mix adjustments, so that individual practices may determine potential financial impacts of the RO Model.

The ACR is very concerned about the effects this model will have with the inclusion of small and rural practices entering risk-based arrangements without sufficient resources. **The ACR is alarmed that such a significant number of small and rural practices are included in the model, while many large metropolitan areas have been spared, and are expected to use their limited resources to adopt and implement certified EHR technology (CEHRT), among all of the other reporting requirements for participation.** For instance, small and rural practices that have been exempted from requirements under MIPS, such as Meaningful Use, Advancing Care Information, and Promoting Interoperability, are now required to adopt and implement CEHRT. This is a significant undertaking, especially during a PHE, and a hardship that CMS seemingly understood under MIPS. CMS's opt-out option for low-volume entities does not fully recognize small and rural practices. For example, in small and rural counties, older adults (65+) are a larger share of the population, and young adults are a smaller share of the population, compared to urban and suburban areas.<sup>1</sup> This results in a large Medicare population to serve, thus making the 20-episode threshold impractical.

**The ACR is disappointed that none of the additional modifications the College recommended in light of the COVID-19 PHE were taken into consideration.** These included: allowing for alignment with existing reporting requirements, modification of the 2023 trend factor methodology to exclude 2020 data, establishing a COVID-19 case mix adjustment, and allowing simplified monitoring requirements like accreditation that provides stability for participants and ensures quality of care.<sup>2,3</sup>

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<sup>1</sup> Pew Research Center, May 2018, "What Unites and Divides Urban, Suburban and Rural Communities"

<sup>2</sup> Fogh SE et al. American College of Radiology (ACR) Radiation Oncology Practice Accreditation: A pattern of change. *Pract Radiat Oncol.* 2016 Sep-Oct;6(5):e171-e177. doi: 10.1016/j.prro.2016.01.010. Epub 2016 Jan 26. PMID: 27596035.

<sup>3</sup> Kapoor R et al. Quality Improvements of Veterans Health Administration Radiation Oncology Services Through Partnership for Accreditation With the ACR. *J Am Coll Radiol.* 2018 Dec;15(12):1732-1737. doi: 10.1016/j.jacr.2018.06.029. Epub 2018 Aug 9. PMID: 30100162.

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The ACR appreciates the opportunity to submit a letter to the Centers for Medicare and Medicaid Services on the RO Model. **The ACR fully supports the more detailed letter submitted by the American Society for Radiation Oncology (ASTRO) on January 22, 2021.** If you have any questions or comments on our letter, please do not hesitate to contact Samantha Porter at [sporter@acr.org](mailto:sporter@acr.org) and Alicia Blakey at [ablakey@acr.org](mailto:ablakey@acr.org).

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "William T. Thorwarth, Jr.", with a stylized flourish at the end.

William T. Thorwarth, Jr, MD, FACR  
Chief Executive Officer

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