



July 31, 2020

Brad Smith
Deputy Administrator and Director
Center for Medicare and Medicaid Innovation
2810 Lord Baltimore Drive
Windsor Mill, MD 21244

RE: Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures

Dear Mr. Smith:

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 submit recommendations to the Center for Medicare and Medicaid Innovation (CMMI) on the Radiation Oncology (RO) Model. **Due to the COVID-19 Public Health Emergency (PHE), the ACR believes that the proposed RO Model requires additional modifications to address the significant impacts COVID-19 has had on the healthcare system and radiation oncology practices. The ACR is concerned about the ability of practices to participate in the model due to COVID-19, and recommends modifying mandatory participation, quality reporting, and the trend factor and case mix.** This request is in the best interest of patients, cancer care, and radiation oncology practices across the country.

The ACR looks forward to the publication of the “Specialty Care Models to Improve Quality of Care and Reduce Expenditures” final rule. However, healthcare and radiation oncology care has changed since the ACR submitted its Comment Letter on the RO Model to CMS in September 2019. The final rule and its implementation must take into account the ongoing impacts of COVID-19.

The ACR urges CMS to reconsider requiring mandatory participation in the RO Model. At minimum, the Agency should significantly scale back the number of required participants and allow an unlimited number of RO practices to have the option to voluntarily participate in the RO Model. Practices should also have the opportunity to voluntarily decline participation in the RO Model. These modifications are necessary to address the challenging climate that radiation oncology practices are in due to COVID-19.

The ACR recommends a minimum of 6 months between the publication of the final rule and its implementation date, as well as a phased-in approach. A longer than 6 month implementation schedule may be required. This is vital as radiation oncology practices and their health systems are still adjusting to the effects of COVID-19. Communities are unevenly impacted across the nation, and will continue to be into 2021. In many cases, there have been significant and ongoing redeployment of clinical and administrative resources which would be required for adequate implementation of the new payment model. A rapid implementation timetable for the new model could divert scarce resources being used to address the COVID-19 emergency.

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Due to the significant financial impacts of COVID-19, including declines in volume and revenue for radiation oncology practices, **the ACR recommends that CMS permanently reduce the discount factors and defer withholds until at least year two of the model. Additionally, CMS must reverse the proposal to waive the 5% APM incentive payment to the technical component while still applying the 5% discount factor on the technical component as this would be financially harmful to freestanding practices and could limit access to care.**

Radiation oncology practices are facing financial and operational burdens in response to the COVID-19 pandemic and new clinical protocols. Therefore, **the RO Model must allow for alignment with existing reporting requirements (such as the Merit-based Incentive Payment System and the Oncology Care Model) and minimize mandatory data elements for reporting.**

The ACR believes that monitoring requirements within the RO Model should be reconsidered for a more simplified approach. **Accreditation would provide stability and predictability for practices in the RO Model,** and also ensure quality of care.

Based on the RO Model proposed rule, 2020 utilization data will be used to determine the trend factor in 2023. Due to the impacts of COVID-19 on patient volume, **the ACR recommends that CMS modify the trend factor methodology in 2023 to exclude 2020 data points, and instead use 2019 utilization data.**

The RO Model case mix is based on pre-COVID-19 variables, however, due to COVID-19, many patients have delayed diagnostic tests and cancer care. **The ACR recommends the Agency establish a COVID-19 case mix adjustment to account for delays in care and the resulting advance stage disease and complexity of patient cases that will present during the demonstration period.** This adjustment, which should be proposed and reviewed by the radiation oncology community, should be applied to the first through third performance periods to ensure that practice payment rates adequately recognize the additional costs necessary to care for this patient population.

The ACR appreciates the opportunity to submit a letter to the Center for Medicare and Medicaid Innovation on the RO Model. **The ACR fully supports the more detailed letter submitted by the American Society for Radiation Oncology (ASTRO) on July 22, 2020.** If you have any questions or comments on our letter, please do not hesitate to contact Samantha Porter at sporter@acr.org or Alicia Blakey at ablakey@acr.org.

Respectfully Submitted,



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