



QUALITY IS OUR IMAGE

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October 2, 2020

Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-8013

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

Dear Administrator Verma,

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 write to the Centers for Medicare and Medicaid Services (CMS) regarding our serious concerns with the Radiation Oncology (RO) Model. **The ACR seeks immediate changes to the RO Model implementation date of January 1, 2021 and asks the Agency to use its regulatory authority to delay the start date of the model and reduce the excessive payment cuts to the mandated radiation oncology participants.** The ACR supports delaying the implementation date of the model to at least July 1, 2021.

The ACR wrote the Agency on July 31, 2020 detailing the impacts that the COVID-19 pandemic has had and continues to have on RO practices, and recommending that CMS allow at least 6 months between publication of the final rule and its implementation. **The ACR is disappointed and concerned that the Agency has given participants only 3.5 months to prepare for the model, in the midst of a public health emergency (PHE).** Due to COVID-19, there have been significant and ongoing redeployment of clinical and administrative resources which will be required for adequate implementation of the new payment model. This rapid timetable may divert scarce resources being used to address the COVID-19 emergency.

In the ACR's July 2020 letter to CMS, the ACR urged CMS to reconsider requiring mandatory participation in the RO Model and at minimum to 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. **Mandatory participation representing nearly 30% of eligible RO episodes, although an improvement from the proposed 40%, still goes too far for an untested model and disregards recommendations the ACR made in response to the PHE.**

Due to the significant financial impacts of COVID-19, including declines in volume and revenue for radiation oncology practices, the ACR recommended that CMS permanently reduce the discount factors and defer withholds until at least year two of the model. **Although CMS reduced the discount factors for PC and TC by 0.25%, these cuts remain extremely steep and inappropriate for practices still combatting and trying to recover from the financial impacts of the pandemic.** Reducing the discount factor further will help this model be more consistent with MACRA's intent and other payment models. Furthermore, it is alarming that CMS is estimating \$230 million in savings over 5 years under the RO Model, while the End-Stage Renal Disease Treatment Choices Model projects \$25 million in savings over 5 years. It seems reasonable for CMS to conduct a feasibility analysis on how this model affects beneficiary access before mandating among practices, especially those in small and rural areas.

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 many small and rural towns, populations are predominantly older as the younger population has left the area. 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, simplified monitoring requirements like accreditation, modification of the 2023 trend factor methodology to exclude 2020 data, and establishing a COVID-19 case mix adjustment. Instead of minimizing mandatory data for reporting, CMS is requiring data submission on all patients, including non-Medicare patients.

A January 1, 2021 implementation date does not allow sufficient time for RO Model participants to prepare and modify their operations to meet the Model requirements. The final rule indicates CMS will provide each RO participant its case mix and historical experience adjustments for both the PC and TC in advance of the performance year. **The ACR encourages the Innovation Center and CMS to expedite the release of pertinent data and educational resources including but not limited to: registration information, instructions for billing RT services, model-specific webinars, and frequently asked questions on quality measure and clinical data reporting requirements.** Additionally, the Medicare Administrative Contractors in the CBSAs selected for participation will need to be prepared when the Model begins on January 1.

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 September 28, 2020.** 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,



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