



September 13, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
The U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

The American Association of Medical Dosimetrists (AAMD) appreciates the opportunity to offer its comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed rule for the CY 2022 RO Model – 2022 HOPPS Proposed Rule. AAMD represents medical dosimetrists and has a current membership of over 3,000. AAMD is dedicated to fostering radiation oncology education and science, improving patient care services, and encouraging education in radiation oncology.

AAMD appreciates this opportunity to comment on the proposed regulations. As discussed in further detail the AAMD reviewed proposed changes in the RO Model as found in the 2022 Hospital Outpatient Prospective Payment System proposed rule and have the following comments. In this letter, we urge CMS to make the following priority modifications to the RO Model:

- Establish rate stability through the application of a discount factor set at 3% or less and address the impact of continued MPFS payment cuts on RO Model participants.
- Recognize the significant impact that COVID-19 has had on participating practices through the establishment of a COVID-19 adjustment.
- Eliminate the unnecessary Track One and Track Two proposal, as well as other barriers to advanced APM status, including the waiver on the application of the 5% bonus on freestanding technical payments.

In December of the 2020, Congress delayed the start of the RO Model until Jan. 1, 2022, so the agency could provide practices more time to prepare and work with the community to improve the model. However, since that time there has not been much conversation or transparency regarding the expectations and implementation of the program. In its current state, we believe this will have drastic repercussions and undermine the physicians, nurses, physicists, radiation therapists, dosimetrists and other healthcare professionals who are on the front lines working toward achieving the goal of ending cancer every day. In addition, the CMS RO Model as presently structured is inconsistent with President Biden’s commitment to “Ending Cancer as We Know It.”



In the 2022 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule, CMS proposes a .25 percentage point reduction in the discount factor on both the professional component (PC) and technical component (TC). This reduces the RO Model discount from 3.75% on the PC and 4.75% on the TC to 3.50% and 4.50% respectively. Additionally, in the 2022 MPFS proposed rule, CMS is proposing cuts of 8.75% across all radiation oncology services, due to the proposed change in Clinical Labor Pricing Inputs and the expiration of the Consolidated Appropriations Act (CCA), which equates to a cut of 3.75% to the Conversion Factor.

CMS anticipates, based on this proposal it will be able to save 3.2%, or \$160 million in Medicare FFS spending. However, we believe the Agency has failed to account for the continued decline in Medicare Physician Fee Schedule (MPFS) rates that flow through the RO Model payment methodology as part of the Trend Factor. These significant cuts come at a time when practices are still reeling from patient volume declines related to COVID-19, which reduced revenues in 2020 by 8%, and another wave of COVID-19 infections leading hospitals to cancel elective procedures. If the MPFS cuts are instituted, radiation oncology will have experienced a cumulative 10-year reduction in MPFS payments of 25%.

The discount factors combined with continued declines in MPFS payment rates equate to a total of \$300 million in payment cuts for the specialty. Reductions of this magnitude will put many practices in financial jeopardy, preventing them from providing care not only to Medicare FFS beneficiaries, but entire communities, as many will be forced to cut back services and others may not be able to keep their doors open. Many of these practices, operating on thin margins, could be forced to take drastic steps to continue serving patients.

CMS has also neglected to address concerns regarding the investments required to operate radiation oncology facilities. The discount factor and the anticipated payment methodology does not recognize the investments in capital equipment and ongoing support of skilled staff necessary to operate a clinic. Practices will struggle to invest in the human and technological infrastructure to provide high quality, state-of-the-art care.

The AAMD would recommend the Agency lower the discount to 3% or less. Reducing these cuts would still generate significant savings for Medicare and better align the RO Model's discount factors with those of other APMs. Additionally, CMS also must act to address the continued declines in the MPFS payment rates observed over the last couple years.

The COVID-19 Public Health Emergency has had a significant impact on the Radiation Oncology community. However, in the 2022 HOPPS proposed rule, CMS states it is analyzing whether the COVID-19 pandemic resulted in a decrease in Medicare FFS claims submissions for RT services during 2020 relative to historic levels. CMS is considering removal of 2020 data from the calculation of any applicable baseline period or trend factor. However, the Agency is not considering the exclusion of 2020 from case mix adjustment at this time, because the case mix episodes are weighted equally, and the case mix adjustment does not rely on the volume of RT services delivered.



AAMD recognizes the case mix is weighted equally for the three-year period that is included in the payment methodology. Additionally, we realize utilization is not an element in the case mix methodology. However, we are concerned the six factors included in case mix: cancer type, age, sex, presence of major procedure, death during episode, presence of chemotherapy, do not recognize the acuity of patient care which may be required as patients, who have delayed diagnostic services and treatment due to COVID-19, present with more advanced stage disease, which requires more expensive radiation therapy treatment.

Currently, the historical experience adjustment is based on 2017-2019 data and stays constant throughout the duration of the demonstration period, the additional cost associated with delivering more expensive treatment for advanced disease due to COVID-19 won't be captured in that component of the payment methodology. CMS must recognize and address this issue. As a result, A COVID-19 adjustment needs to be applied to the case mix to address the increased cost of care that many of patients now require. Given that the case mix changes from year to year, it would seem this would be the most appropriate place to apply an adjustment based on the increased cost of care practices are experiencing.

In the 2022 HOPPS proposed rule, CMS proposes to establish Professional and Dual participants who meet RO Model requirements, including use of CHERT, and who are eligible clinicians on a participation list, will fall into a category called "Track One" of the RO Model. CMS proposes to define "Track One" as an Advanced APM and MIPS APM track for Dual and Professional participants that use CEHRT. If Professional or Dual participants fail to meet any of the RO Model requirements, which includes CEHRT, they will be moved to a proposed "Track Two" category. "Track Two" means an APM for Professional and Dual Participants, who do not meet the RO Model requirements and for all Technical participants. Track Two participants are not considered to be either Advanced APM or MIPS APM participants. Therefore, CMS will not make QP determinations for eligible clinicians on the RO Model participation list for Track Two.

Many of our smaller radiation oncology practices and those in rural settings have been exempt from the CEHRT requirements under MIPS. AAMD is encouraging CMS to extend that exemption to practices meeting the same criteria under the RO Model. Otherwise, these practices are deemed MIPS APMs and are not eligible for the advanced APM bonus, despite being obligated to participate in the RO Model and its excessive payment cuts and administrative burdens. These are the same practices seeing higher portions of Medicare FFS beneficiaries and typically lack the capital funding necessary to invest in newer, more efficient technology, as well as the upgrades in EHR systems for quality measures reporting.

Additionally, in the 2020 RO Model final rule, CMMI approved a waiver preventing freestanding practices from recognizing the 5% Advanced APM bonus for technical payments, as prescribed by the Medicare Access and CHIP Reauthorization Act (MACRA). AAMD believes this waiver further limits community-based clinics, particularly those who provide services to underserved populations, from investing in the technology necessary to provide high quality care. The 5% Advanced APM bonus is not only an incentive to participate in the model but is also designed to support practice transformation essential for meaningful APM participation. The RO Model participation requirements establish new,



unreimbursed practice expenses that would normally be paid from technical fee revenue. Unless the 5% bonus is applied to both the professional AND technical charges for freestanding participants, those practices will be at a distinct hardship and unable to achieve true practice transformation.

The AAMD is committed to the establishment and implementation of an alternative payment model for radiation oncology. We continue to believe the model can be a significant step toward value-based payment and health equity. The AAMD will also remain steadfast in our commitment to raise these issues and push for RO Model modifications on behalf of our members and the patients they serve. If you have any questions, please contact AAMD Executive Director Stacey Wilson at 703.677.8071 x 103 or swilson@medicaldosimetry.org.

Respectfully,

A handwritten signature in black ink, appearing to read "BN", with a long horizontal line extending to the right.

Brian Napolitano, MHL, CMD
President, American Association of Medical Dosimetrists