

May 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD, 21244
Attention: CMS-5527-P2
Submitted electronically to: <http://www.regulations.gov>

Re: CMS–5527–P2: Radiation Oncology (RO) Model

Dear Administrator Brooks-LaSure:

On behalf of the Premier healthcare alliance serving more than 4,400 U.S. hospitals and health systems, hundreds of thousands of clinicians and approximately 225,000 other providers and organizations, we appreciate the opportunity to submit comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule to indefinitely delay the start of the Radiation Oncology (RO) Model. Premier maintains the nation's most comprehensive repository of hospital clinical, financial and operational information and operates one of the leading healthcare purchasing networks. Premier also runs the largest population health collaboratives in the country, the PINC AI™ Population Health Collaborative, which has worked with well over 200 ACOs and is currently comprised of more than 70 ACOs. Our comments primarily reflect the concerns of our hospitals and health systems, their employed physicians and independent physicians aligned with them.

The mandatory RO model, which was first proposed in 2019, focuses on promoting quality and financial accountability for episodes of care centered on certain radiation therapy services. Under the model, CMS will pay participating providers and suppliers a prospective, site-neutral episode-based payment for certain radiation therapy services furnished during a 90-day episode of care. Providers and suppliers located in selected geographic areas will be required to participate. CMS had originally intended to launch the model January 1, 2021. However, the model has been delayed several times by CMS and Congress. Most recently, Congress mandated that the model start no earlier than January 1, 2023. In this most recent rule, CMS proposes to delay the start of the RO model to a date to be set through future rulemaking.

Premier strongly urges CMS to cancel the RO Model and work with stakeholders to design a more sustainable approach to cancer care that improves access and innovation. The goal of APMs should be to fundamentally change care delivery and improve population health. Conversely, this model is essentially testing the impact of a payment cut to providers and offers no opportunity for providers to innovate care or take on meaningful risk under the model. As we have previously [commented](#), Premier has significant concerns with the design of the model which have yet to be addressed by CMS:

- *Discounts.* The discounts applied under the model will be unsustainable for providers and could potentially harm patient access. Significant payment cuts, combined with additional reporting and administrative burden, will place many practices in financial jeopardy and may result in some RO providers and suppliers scaling back services or even closing their doors all together. In the proposed rule, CMS acknowledges that stakeholders have expressed concerns with the discounts applied under the model and have recommended that discounts be set at 3 percent or less. However, CMS notes that to lower the discount it would need to significantly increase the geographic scope of the model to ensure Medicare savings.

- *Operational Implementation.* The model has other design features that will make the model operationally difficult for providers to participate. For example, under the model an episode is triggered when a patient receives an initial RO treatment planning service from a professional participant and a technical participant furnishes an RO service within 28 days. As a result, in order to know that an episode has been triggered, the technical participant would need to know that the professional service has been furnished. However, if the professional and technical participants are not in the same system or network, it is possible that this information may not be communicated, and the technical participants may incorrectly continue billing for services under FFS. To date, CMS has not provided any information on how to resolve this issue.

If CMS cannot modify the model to address shortcomings in the model's design, it should cancel the model and work with stakeholders to develop a more sustainable payment approach. Ultimately, the model is not consistent with the Biden-Harris Administration's commitment to reigniting the Cancer Moonshot. One of the goals of that initiative is to reduce the death rate from cancer by at least 50 percent over the next 25 years, while improving the experience of cancer patients and their families. As noted above, the payment cuts under the model will ultimately discourage providers from innovating cancer care. The Administration should instead focus on developing initiatives in partnership with stakeholders that aim to increase patient access to innovative and appropriate cancer care.

CMS notes in the RO Model proposed rule, "the cost of the operational funding needed to continue to prepare to implement the RO Model takes resources away from the development of other alternative payment models." The flaws in the RO model have not been resolved for several years. Instead of pursuing additional corrections, CMS should focus its efforts on developing APMs that incentivize and reward providers for transforming delivery of care. **Premier applauds CMS for its stated goal of all Medicare beneficiaries in a care relationship with accountability for quality and total cost of care by 2030. We strongly urge CMS to focus its resources on developing and improving existing total cost of care models.**

CONCLUSION

In closing, the Premier healthcare alliance appreciates the opportunity to submit these comments on the Radiation Oncology Model. If you have any questions regarding our comments or need more information, please contact Aisha Pittman, Vice President, Policy, at aisha_pittman@premierinc.com or 202.879.8013.

Sincerely,



Blair Childs
Senior Vice President, Public Affairs
Premier healthcare alliance