October 13, 2020

Alex M. Azar, II, Secretary, U.S. Department of Health and Human Services
Seema Verma, Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

BY ELECTRONIC DELIVERY

Re: Radiation Oncology Model Final Rule (CMS-5527-F)

Dear Secretary Azar and Administrator Verma:

The Association of Community Cancer Centers (ACCC) is a membership organization whose members include hospitals, physicians, nurses, social workers, and oncology team members who care for millions of patients and families fighting cancer. ACCC represents more than 23,000 cancer care professionals from approximately 1,100 hospitals and more than 1,000 private practices nationwide. These include cancer program members, individual members, and members from 34 state oncology societies. It is estimated that 65 percent of cancer patients nationwide are treated by a member of ACCC.

ACCC is deeply committed to promoting patient access to the most effective cancer treatments that are medically necessary given a patient's individualized needs. We further believe that it is vitally important to encourage ongoing innovation in the delivery of cancer care for all Americans. ACCC therefore appreciates the Centers for Medicare and Medicaid Services' (CMS) establishment of a Radiation Oncology Alternative Payment Model (RO Model) to test whether prospective 90-day episode-based payments to physician group practices, hospital outpatient departments, and freestanding radiation therapy centers for radiotherapy (RT) episodes of care will reduce Medicare expenditures, while preserving or enhancing the quality of care for Medicare beneficiaries.

I. CMS should significantly delay the start of the RO Model.

However, ACCC is extremely concerned with the timeline for implementation of the RO Model. CMS not only requires the participation of select RT providers and suppliers, but also mandates their participation to begin on January 1, 2021. It is impractical, if not impossible, for RT providers and suppliers to implement the changes necessary to comply with this new payment model in the next three months. Additionally, cancer programs have been, and continue to be, severely impacted by the COVID-19 Public Health Emergency and should not be required to implement a new initiative during the current pandemic. ACCC urges CMS to significantly delay the start of the RO Model to guarantee its success, minimize the burden on providers, and ensure patients receive the care they require. We request that you delay the model implementation until January 1, 2022, or at the earliest July 1, 2021.

II. ACCC urges CMS to reduce the discount factors to no more than 3%.

While we support the RO Model's concept and premise, we continue to have serious reservations that the model's payment cuts are so steep, they are likely to hurt, rather than improve, quality. In particular, the discount factor cuts of 3.75% and 4.75% to professional and technical payments, respectively, are out of alignment with other alternative payment models and the Medicare Access and CHIP Reauthorization Act. The final rule estimates cuts of 6% to participating group practices and 4.7% to hospital outpatient departments. Further, our analysis reveals virtually no upside potential for required participants, as any hint of "payment stability" is negated by the discount factors and withholds. ACCC urges CMS to reduce the discount factors to no more than 3%.

III. CMS should address the disproportionate impact the RO Model will have on patient access to care.

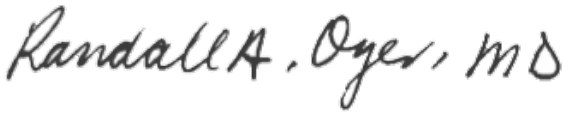
ACCC is also concerned about the disproportionate impact the RO Model is likely to have on patient access to radiation therapy where cancer programs have a high number of Medicare beneficiaries, particularly in rural and underserved areas. ACCC strongly recommends that CMS perform a study on the impact this model will have on patient access to care before its implementation. Additionally, according to the final rule, practices with fewer than 20 episodes in the previous year may opt-out of the RO Model; however, we believe the threshold is so low that few if any selected facilities would qualify. We urge CMS to work with the stakeholder community to develop a more appropriate opt-out mechanism that recognizes the challenges faced by small, rural practices.

* * *

ACCC reiterates our commitment to promoting access to effective cancer treatments for all Medicare beneficiaries who need them, including through carefully structured innovative payment models. We hope CMS will consider our comments above and make appropriate changes to the RO Model to ensure that it offers a real opportunity to promote and test innovative approaches to delivering cancer care. If you have any questions about our letter, or would like to discuss our letter in further detail, please contact Christian Downs at 301/984- 9496 or cdowns@accc-cancer.org.

Respectfully submitted,

Randall A. Oyer, MD



President
Association of Community Cancer Centers