

Radiation Oncology (RO) Model 101 Refresher and Portal Overview



Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services

Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures Final Rule, and Calendar Year 2022 Outpatient Prospective Payment System/Ambulatory Surgical Center Payment System Notice of Proposed Rulemaking (CMS-1753-P)

Date: July 27, 2021

Time: 1:30–3:00 p.m. ET

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Note

This webinar is designed for staff at participating hospital outpatient departments, physician group practices, and freestanding radiation therapy centers who are supporting their organization in registration and participation in the RO Model.

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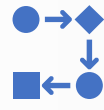
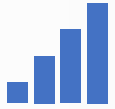






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Agenda

2:00–2:10 p.m. ET	 Welcome	Jessica McNab (Mathematica)
2:10–2:20 p.m. ET	 Overview of RO Model	Genevieve Kehoe (CMMI)
2:20–2:25 p.m. ET	 RO participants	Genevieve Kehoe (CMMI)
2:25–2:30 p.m. ET	 RO beneficiaries	Genevieve Kehoe (CMMI)
2:30–2:35 p.m. ET	 Episodes, billing, and pricing	Genevieve Kehoe (CMMI)
2:35–2:40 p.m. ET	 Quality and Alternative Payment Models	Genevieve Kehoe (CMMI)
2:40–2:50 p.m. ET	 Reconciliation, requirements, and evaluation	Genevieve Kehoe (CMMI)
2:50–3:05 p.m. ET	 Overview of RO Model portals	Areen Sattar (Mathematica)
3:05–3:25 p.m. ET	 Q&A	Marcie O'Reilly and Lara Strawbridge (CMMI)
3:25–3:30 p.m. ET	 Wrap-up and next steps	Jessica McNab (Mathematica)

Upcoming Learning System Activities and Resources

Dates in 2021	Activity title
July	Quality Measure and Clinical Data Element Collection and Submission Guide and clinical data elements templates (data collection materials)
August 24	Coding, Billing, and Pricing Methodology webinar
August 25	Coding, Billing, and Pricing Methodology office hours
September	RO Model Requirements webinar and office hours
September	Implementation Guide
October	Clinical and Quality Reporting Requirements webinar
October	Clinical and Quality Reporting Requirements office hours
November	Evidence-Based Protocols (issue brief)
December	Care Coordination webinar
December	QPP, APM, MIPS webinar

Note: Topics and dates are subject to change based on ongoing trends of RO participant needs

Speakers



Genevieve Kehoe

Pricing Methodology Lead, RO Model, CMS Innovation Center, CMS

Dr. Kehoe is the lead for the design of the RO Model's pricing methodology. She joined CMMI in 2018 and has worked on all aspects of the RO Model's episode payment structure, including its pricing adjustments, provider exclusions, reconciliation design, and data collection criteria as well as policy related to the Quality Payment Program.



Areen Sattar

Systems Lead, RO Model, Mathematica

Ms. Sattar is a system lead and supports the RO Administrative Portal and the RO Model Secure Data Portal. She has over 20 years of experience in software development and is currently focused on software delivery management. She also supports other model evaluations including Care for Joint Replacements, Bundled Payments for Care Improvements, and Accountable Health Communities.



Jessica McNab

Task Lead, RO Model, Mathematica

Ms. McNab is a task lead and supports the RO Model Learning System and other aspects of the Model. In this role she supports RO Model implementation and optimization by developing shared learning opportunities and resources for RO participants. Before the launch of the RO Model, Ms. McNab provided task leadership for the learning systems for ACOs Phase 2 Next Generation Model, as well as for the Maternal and Infant Health Task of Core Set.



RO Model Overview



RO Model Background

- Patient Access and Medicare Protection Act (P.L. 114-115) required the secretary of Health and Human Services to submit a report on “the development of an episodic alternative payment model” for radiotherapy (RT) services
- The report identified three key reasons why RT is ready for payment and service delivery reform:
 - Site neutrality
 - Aligning payments to quality and value, rather than to volume
 - CMS coding and payment challenges

Reminder



CMMI hosted an RO Model 101 webinar on 10/15/2020

- Today’s event includes updates from the 2020 event with consolidated information
- You can access the 2020 slides on the RO Model website here:

<https://innovation.cms.gov/media/document/ro-model-101-webinar-slides>

The RO Model will test whether prospective, site-neutral, episode-based payments for RT episodes of care reduce Medicare expenditures while preserving or enhancing quality of care for Medicare beneficiaries

RO Model Background

September 2020

Center for Medicare and Medicaid Innovation (the Innovation Center) published a final rule that established the RO Model with a start date of January 1, 2021

December 2020

The Innovation Center included an IFC in the CY2021 Hospital OPPS and ASC Payment System Final Rule to delay the start of the RO Model until July 1, 2021

December 2020

The Consolidated Appropriations Act, 2021 (H.R. 133) included a provision that prohibits implementation of the RO Model prior to January 1, 2022, effectively delaying the start date by at least 6 months

July 2021

The CY 2022 OPPS and ASC Payment System Notice of Proposed Rulemaking (CMS-1753-P) includes proposals to address implications of the legislatively mandated delay and make additional modifications to the model design

Reminder



Links to these rules are on the RO Model website :

<https://innovation.cms.gov/innovation-models/radiation-oncology-model>

RO Model Design Elements

Required participation for physician group practices, freestanding RT centers, and hospital outpatient departments that meet the following conditions:

- Operate in one or more of the randomly selected CBSAs
- Furnish RT services for 1 or more of 15 included cancer types
- Not otherwise excluded under one of the RO Model exclusion criteria

90-day episodes for the Professional component and Technical component of RT services

Prospective, site-neutral episode payment with an annual retrospective payment reconciliation

Advanced Alternative Payment Model and Merit-Based Incentive Payment System Alternative Payment Model under the CMS Quality Payment Program

Reminder



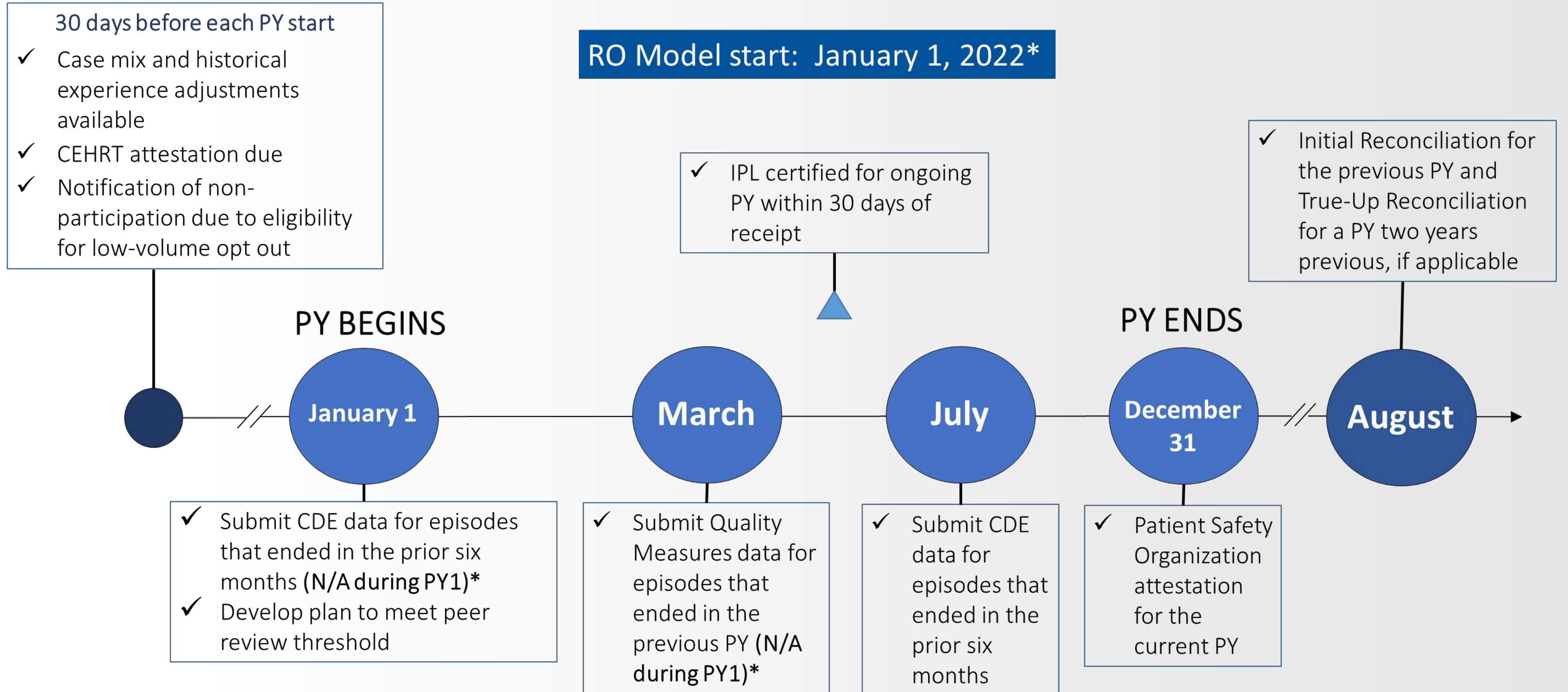
Professional component (PC)

Included RT services that may only be furnished by a physician

Technical component (TC)

Included RT services that are not furnished by a physician (e.g., provision of equipment, supplies, personnel, and costs related to RT services)

RO Model Performance Year



*See proposal in the CY 2022 OPSS/ASC Payment System NPRM.

Summary of Proposed CY 2022 OPPS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
RO Model performance period	4.5 years, beginning on July 1, 2021 and ending on December 31, 2025	5 years, beginning on January 1, 2022 and ending on December 31, 2026
QM data	QM reporting delayed until PY3, for data from PY2	RO participants will submit QM data starting in PY2 for PY1
CDE data	CDE reporting beginning in PY2	RO participants will submit CDE data starting in PY1

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

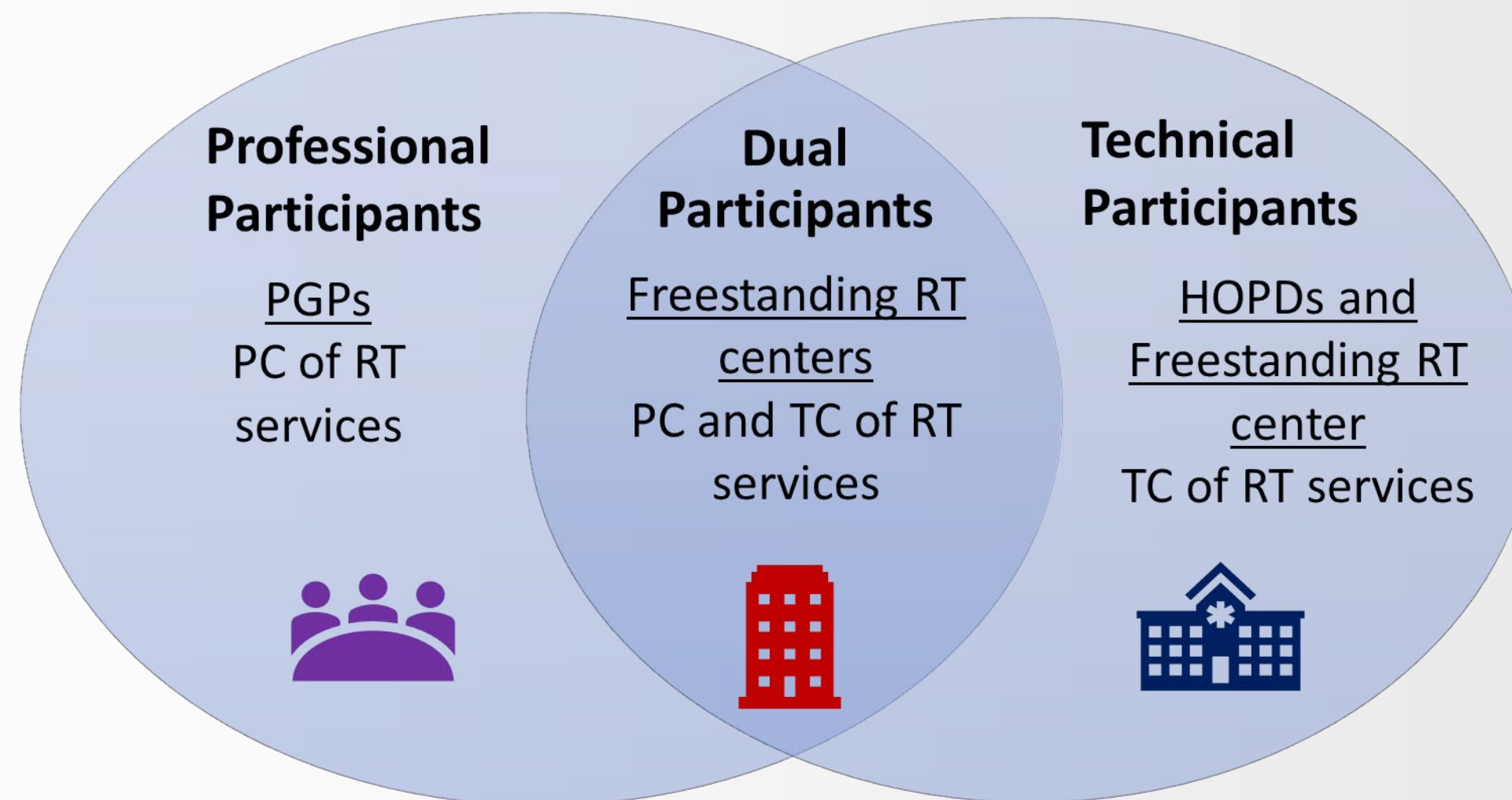


RO Participants

RO Participants (1)

Professional component

Includes RT services that may only be furnished by a physician



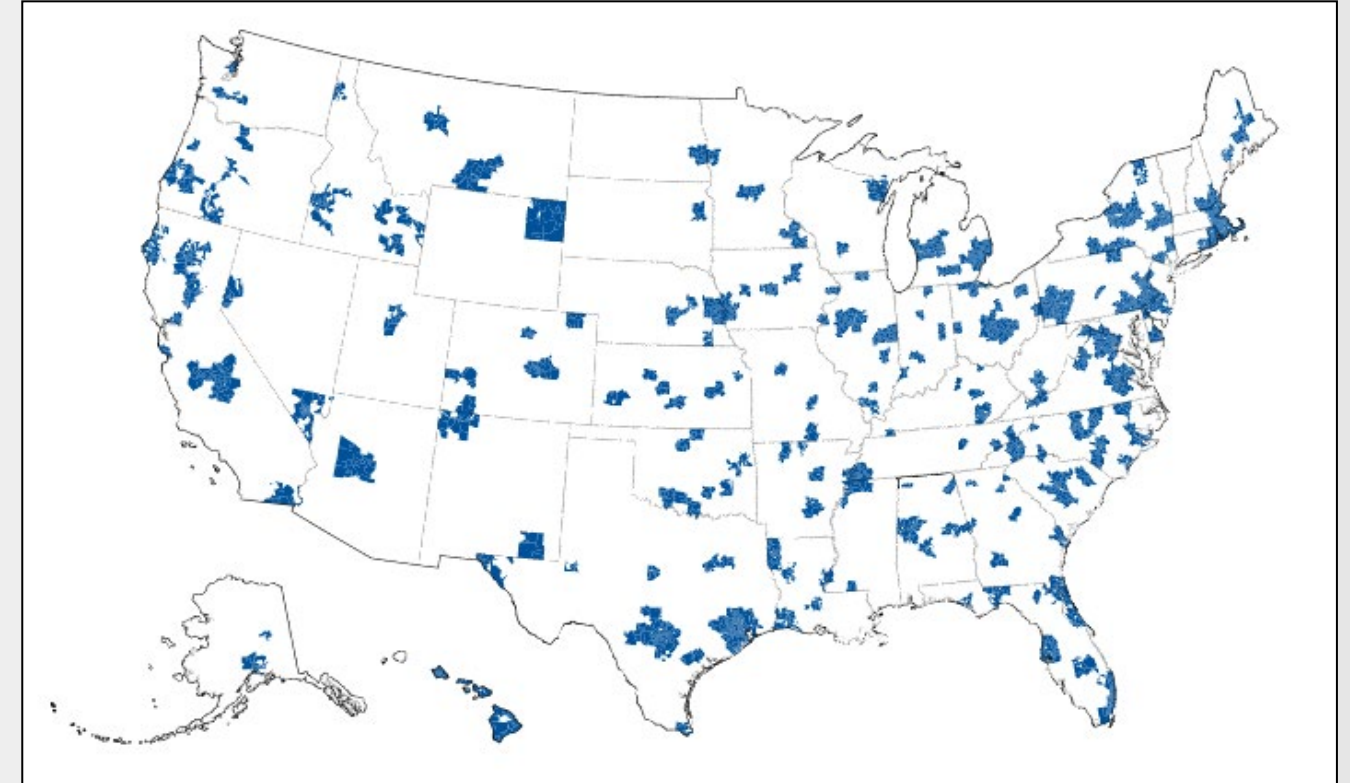
Technical component

Includes RT services that are not furnished by a physician (e.g., provision of equipment, supplies, personnel, and costs related to RT services)

1. **Professional participant** - a Medicare-enrolled physician group practice identified by a single Taxpayer Identification Number that furnishes only the Professional component of an RO episode
2. **Technical participant** - a Medicare-enrolled hospital outpatient department or freestanding radiation therapy center, identified by a single CMS Certification Number or Taxpayer Identification Number, which furnishes only the Technical component of an RO episode
3. **Dual participant** - an RO participant that furnishes both the Professional component and Technical component of RT services of an RO episode through a freestanding radiation therapy center, identified by a single Taxpayer Identification Number

RO Participants (2)

- Participation in the RO Model is required for all RT providers and RT suppliers in randomly selected CBSAs. Participants may opt out if they are eligible for the low-volume opt out and attest to opting out before the applicable performance year.
 - RT providers and RT suppliers are linked to a CBSA using the five-digit ZIP Code of the location where RT services are furnished
 - CMS uses an RT provider's or RT supplier's service location ZIP Code found on the claim submissions to CMS to link them to CBSAs selected under the RO Model
 - A list of participating ZIP Codes is available on the RO Model website: <https://innovation.cms.gov/innovation-models/radiation-oncology-model>
- If an RO participant has a service location in a participating ZIP Code and one in a non-participating ZIP Code that operate under the same Tax Identification Number or CMS Certification Number, only the location in the participating ZIP Code would be expected to follow RO Model requirements



CBSA

A statistical geographic area that has a population of at least 10,000 and consists of a county or counties anchored by at least one core, plus adjacent counties that have a high degree of social and economic integration with the core.

RO Participant Exclusions

X RO Participant Exclusions

- Ambulatory Surgical Centers (ASC)
- Critical Access Hospitals (CAH)
- PPS-exempt cancer hospitals (PCH)
- Entities furnishing RT services solely in MD, VT, or U.S. territories
- Hospitals participating in the PA Rural Health Model*
- Hospitals participating in the Community Transformation track of the CHART Model*

Low-Volume Opt Out Policy

- Entities that would otherwise be required to participate in the RO Model may opt out for a given performance year if they have <20 episodes or RO episodes (depending on the performance year) across all CBSAs selected for participation in the most recent year with claims data available (2 years prior to the applicable performance year)
 - A new Tax Identification Number or CMS Certification Number that results from a merger, acquisition, or other business relationship is not eligible for the low-volume opt out if the entities involved have furnished 20 or more episodes of RT services as a combined total across all CBSAs selected for participation in the most recent year with claims data available*

Extreme and Uncontrollable Circumstances Policy*

- Extreme and Uncontrollable Circumstance (EUC): A circumstance that is beyond the control of one or more RO participants, adversely impacts such RO participants' ability to deliver care in accordance with the RO Model's requirements, and affects an entire region or locale
- If CMS declares an extreme and uncontrollable circumstance for the RO Model, CMS may:
 1. Amend the model performance period
 2. Eliminate or delay certain reporting requirements
 3. Amend the RO Model's pricing methodology
 - a. Adjust the quality withhold
 - b. Modify the trend factor calculation for the Professional component and or Technical component of a cancer type

Summary of Proposed CY 2022 OPPS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
RO participant exclusions	HOPDs that participate in or are identified as eligible to participate in the PARHM are excluded from the RO Model	Only HOPDs that <u>participate</u> in the PARHM are excluded from the RO Model
		RO Model exclusion for HOPDs participating in the Community Transformation track of the CHART Model
Low volume opt-out policy		A new TIN or CCN that results from a merger, acquisition, or other business relationship is not eligible for the low volume opt-out if the entities involved have furnished 20 or more episodes of RT services as a combined total across all CBSAs selected for participation in the most recent year with claims data available
EUC policy		Added Extreme and Uncontrollable Circumstances policy

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.



RO Beneficiaries

Beneficiary Population

An RO beneficiary is someone who:


- Receives included RT services from an RO participant for the Professional component or Technical component of an RO episode during the RO Model performance period for an included cancer type
- Meets the following conditions at the time that an RO participant furnishes the initial treatment-planning service of an RO episode for them (even if they are enrolled in a clinical trial for RT services for which Medicare pays routine costs):
 - Eligible for Medicare Part A and enrolled in Medicare Part B
 - Traditional Medicare FFS as primary payer
 - Not in a Medicare hospice benefit period
 - Not enrolled in a Medicare Health Plan or PACE plan
 - Not covered under the United Mine Workers
 - Not deceased

An RO beneficiary has the right to choose their RT provider or RT supplier, including those not participating in the RO Model

Beneficiary Communications and Treatment Planning

- Professional participants and Dual participants must:
 - Provide written notice of participation in the RO Model to each RO beneficiary during treatment planning
 - Discuss goals of care with RO beneficiaries before initiating treatment, and inform them whether treatment intent is curative or palliative
 - Furnish care that is consistent with and adheres to evidence-based clinical treatment guidelines, when appropriate
 - Assess and document tumor, node, and metastasis cancer stage for the cancer diagnosis, and performance status as a quantitative measure determined by the physician
 - Send a treatment summary to each RO beneficiary's referring physician within 3 months of the end of the treatment

RO Beneficiary Notification Letter available on the RO Model website:
<https://innovation.cms.gov/media/document/ro-beneficiary-notification-letter>

 This letter is only meant as a notification. No action is required on your part.

Beneficiary Notification Letter
_____ is participating in Medicare's Radiation Oncology Model

Why did I get this letter?
You got this letter because your health care provider found that you may be eligible to receive care in a Medicare program called the Radiation Oncology Model. Hospital outpatient departments, physician group practices, and freestanding radiation therapy centers in the Radiation Oncology Model work with Medicare to improve cancer care for patients receiving radiotherapy (radiation therapy or RT) services.

_____ is taking part in this Model.

What does this mean for me?
First, please know that **your Medicare rights and benefits haven't changed.**

If you receive care in the Radiation Oncology Model, you'll still have all the same Medicare rights and protections you've always had, including the right to choose which health care provider you see.

The Radiation Oncology Model shouldn't limit your access to care or your freedom to choose your health care providers and services.

Because _____ is in the Radiation Oncology Model, all of _____'s Medicare beneficiaries who are eligible will get their care under the Model, unless they choose not to.

Choosing not to get care in the Radiation Oncology Model
If you don't want to get your care in the Radiation Oncology Model, then you have to choose a different health care provider who isn't in the Model. If you don't want to get your care in the Model and choose a different health care provider, you'll no longer get care from _____. If you choose a different health care provider, you may need to drive a greater distance to get your care. To find a different health care provider, visit www.Medicare.gov/physiciancompare, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Reminder



Beneficiaries with questions or concerns about their physicians can:

- Contact CMS at **1-800-MEDICARE**
- Reach out to their local Beneficiary and Family-Centered Care-Quality Improvement Organizations (BFCC-QIOs):
<https://www.qioprogam.org/locate-your-qio>

Beneficiary Cost-Sharing

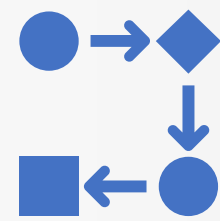
Episode or service	Beneficiary cost-sharing
Complete episode	20% of the episode payments
Incomplete episode	20% of the FFS amount that would have been paid in the absence of the RO Model*
Duplicate service	20% of the FFS amount for RT services furnished by the RT provider and or RT supplier for one or more duplicate RT services

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

Summary of Proposed CY 2022 OPPTS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
<p>Incomplete episodes</p>	<p>Exception for when traditional Medicare ceases to be the primary payer for an RO beneficiary after the TC of the RO episode has been initiated but before all included RT services in the RO episode have been furnished, in which case each RO participant would be paid only the first installment of the episode payment.</p>	<p>For <u>all</u> incomplete episodes, including when the RO beneficiary ceases to have traditional FFS Medicare before all included RT services in the RO episode have been furnished, CMS would reconcile the episode payment for the PC and TC that was paid to the RO participant(s) with what the FFS payments would have been for those RT services using no-pay claims.</p>

*See proposal in the CY 2022 OPPTS/ASC Payment System NPRM.



Episodes, Billing, and Pricing

Reminder

For more information on this subject, check out the upcoming **Coding, Billing, and Pricing Methodology** webinar (August 24, 2021) and office hours (August 25, 2021)



RO Model Prospective Payment Episodes



Prospective payments provided for certain RT services furnished during a 90-day episode of care for 1 of 15 cancer types



Episodes are split into two components:

- Professional component
- Technical component



Payments cover included RT services furnished during an episode



Episode payments are made in two installments:

- 50% at the start of the episode
- 50% at the end of the episode (no sooner than day 28 of the episode)

Included Cancer Types and Modalities

CMS is removing liver cancer from the included cancer types, and proposing to remove brachytherapy from the included modalities*

Included cancer types

- | | | |
|---------------------|-------------------------|-----------------------|
| 1. Anal cancer | 6. Cervical cancer | 12. Pancreatic cancer |
| 2. Bladder cancer | 7. CNS tumors | 13. Prostate cancer |
| 3. Bone metastases | 8. Colorectal cancer | 14. Upper GI cancer |
| 4. Brain metastases | 9. Head and neck cancer | 15. Uterine cancer |
| 5. Breast cancer | 10. Lung cancer | |
| | 11. Lymphoma | |

Included modalities*

1. 3-Dimensional Conformal RT
2. Intensity-modulated RT
3. Stereotactic radio surgery
4. Stereotactic body RT
5. Proton beam therapy
6. Image-guided RT

*See proposal in the CY 2022 OPSS/ASC Payment System NPRM.

Treatment: Included and Excluded Services



Included services

Treatment planning

- Determining treatment modality, parts of the body that must be radiated, and plan for RT (e.g., RT Planning)

Technical preparation and special services

- Technical preparation to confirm radiation dosing is accurate, machine is prepared, and treatment aids are constructed (e.g., RT Aids)

Treatment delivery

- Radiation delivered to patient in one or more sessions (e.g., RT Delivery)

Treatment management

- Patient monitoring and treatment adjusted according to outcomes (e.g., RT Management x 5 Treatments)



Excluded services (to be billed FFS)*

- Initial consultation (typically billed using E&M service)
- Experimental and low volume treatments (neutron beam, hyperthermia)
- General imaging not related to radiation prep
- RT furnished in any setting other than a HOPD or freestanding RT center

Episode Payment Amount Definitions

Participant-specific professional episode payment

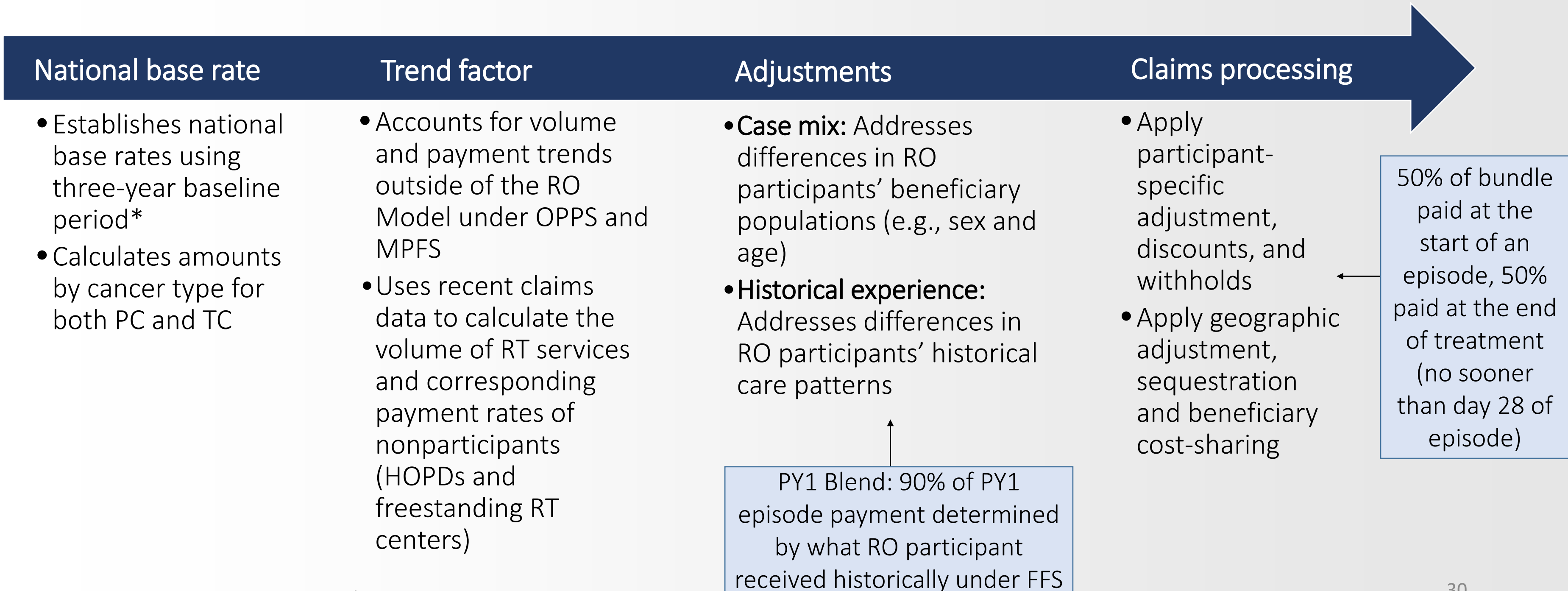
A payment made by CMS to a **Professional participant** or **Dual participant** for the provision of the Professional component of RT services to an RO beneficiary during an episode

Participant-specific technical episode payment

A payment made by CMS to a **Technical participant** or **Dual participant** for the provision of the Technical component of RT services to an RO beneficiary during an episode

Pricing Process Overview

Site-neutral 90-day episode payments for RT, followed by a 28-day clean period



*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.

The Blend – Historical Payment and the National Base Rate

Historically Inefficient

- If the RO participant’s historical payments for RT services were higher than the national average, the blend in Performance Year 1 will be 90% of the RO participant’s historical payments and 10% of the national base rate

PY1	PY2	PY3	PY4	PY5
90/10	85/15	80/20	75/25	70/30

Historically Efficient

- If the RO participant’s historical payments for RT services were lower than the national average, the blend for the model performance period is fixed at 90% of the RO participant’s historical payments and 10% of the national base rate

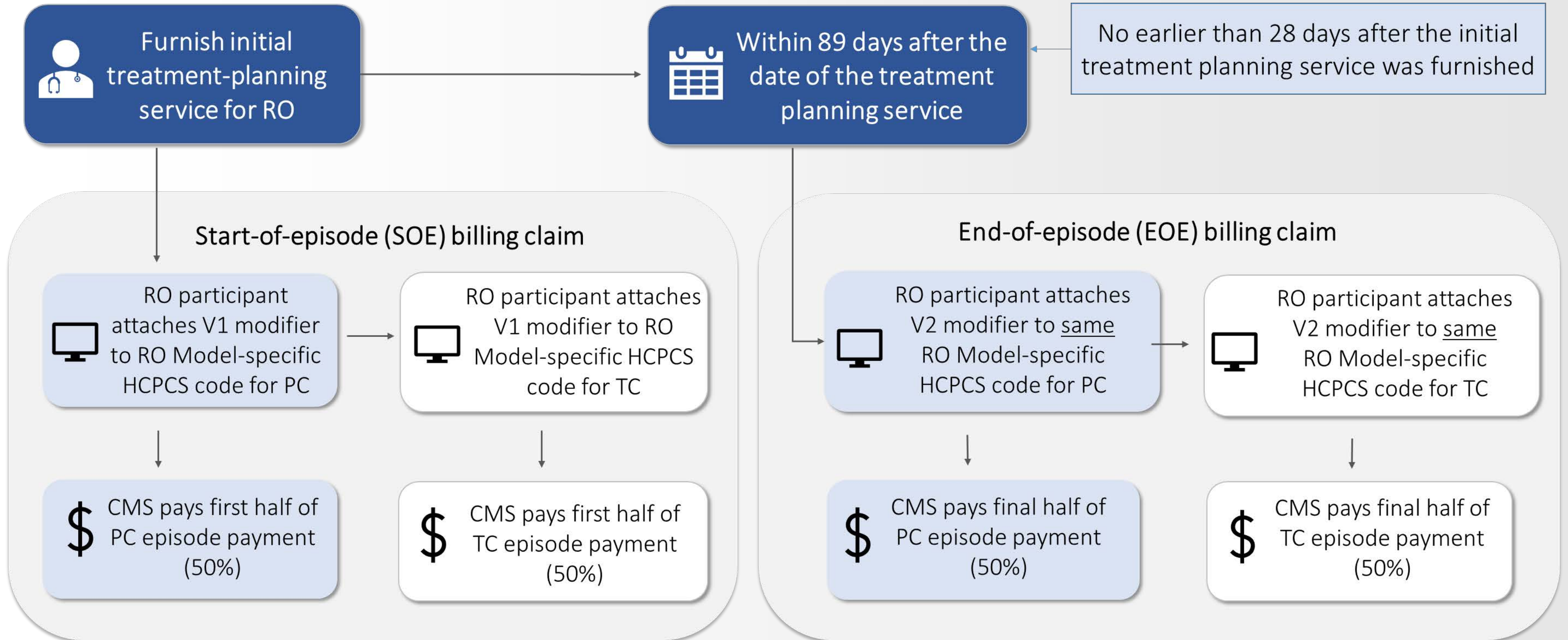
PY1	PY2	PY3	PY4	PY5
90/10	90/10	90/10	90/10	90/10

Discounts and Withholds

Discounts and Withholds	Professional Component	Technical Component
Discount Rate*	3.5%	4.5%
Incorrect Payment Withhold	1%	1%
Quality Withhold*	2%	n.a.
Patient Experience Withhold	n.a.	1% (beginning in PY3)

*See proposal in the CY 2022 OPPI/ASC Payment System NPRM.

Billing Timeline



Summary of Proposed CY 2022 OPPS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
Included modalities	Include brachytherapy	Exclude brachytherapy
Baseline period		Baseline period for the national base rate updated to be the most recent 3-year period, where the last year of the baseline period is three years before the calendar year in which the model performance period begins
		Baseline period will be used to establish separate PC and TC national base rates for each of the included cancer types, the participant-specific historical experience adjustments for the model performance period, and the participant-specific case mix adjustments for PY1
Discount rate	PC: 3.75% TC: 4.75%	PC: 3.5% TC: 4.5%

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.



Quality and Alternative Payment Models

Reminder

For more information on this subject, check out the upcoming:

- Clinical and Quality Reporting Requirements webinar (October 2021)
- QPP, APM, MIPS webinar (December 2021)



RO Model as an Alternative Payment Model

- The RO Model qualifies as a Merit-Based Incentive Payment System Alternative Payment Model
- The RO Model qualifies as an Advanced Alternative Payment Model because it requires the following:
 - Use of Certified Electronic Health Record Technology
 - Inclusion of quality measure performance as a determining factor in payment to RO participants for covered professional services:
 - At least one quality measure on the Merit-Based Incentive Payment System final list of measures (42 CFR 414.1330)
 - Endorsed by a consensus-based entity or determined by CMS to be evidence based, reliable, and valid
 - Alternative Payment Model entities bear financial risk for monetary losses
 - In accordance with 42 CFR 414.1415, RO participants will be at risk for all RT services beyond the episode payment amount

Reminder



Final CMS determinations of Advanced APMs and MIPS APMs for the 2022 performance period will be announced via the Quality Payment Program website:

<https://www.qpp.cms.gov>

Quality Requirements

- To qualify as an Advanced Alternative Payment Model participant and earn back any portion of their quality withhold, Professional and Dual participants must submit Performance Year 1 data on four quality measures starting in Performance Year 2:
 1. Oncology: Medical and Radiation—Plan of Care for Pain
 2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan
 3. Advance Care Plan
 4. Treatment Summary Communication—Radiation Oncology

CAHPS® Cancer Care Radiation Therapy Survey

- **Professional and Dual participants**

- Starting in Performance Year , results from selected patient experience measures based on the CAHPS® Cancer Care Radiation Therapy survey will be incorporated into the aggregate quality score

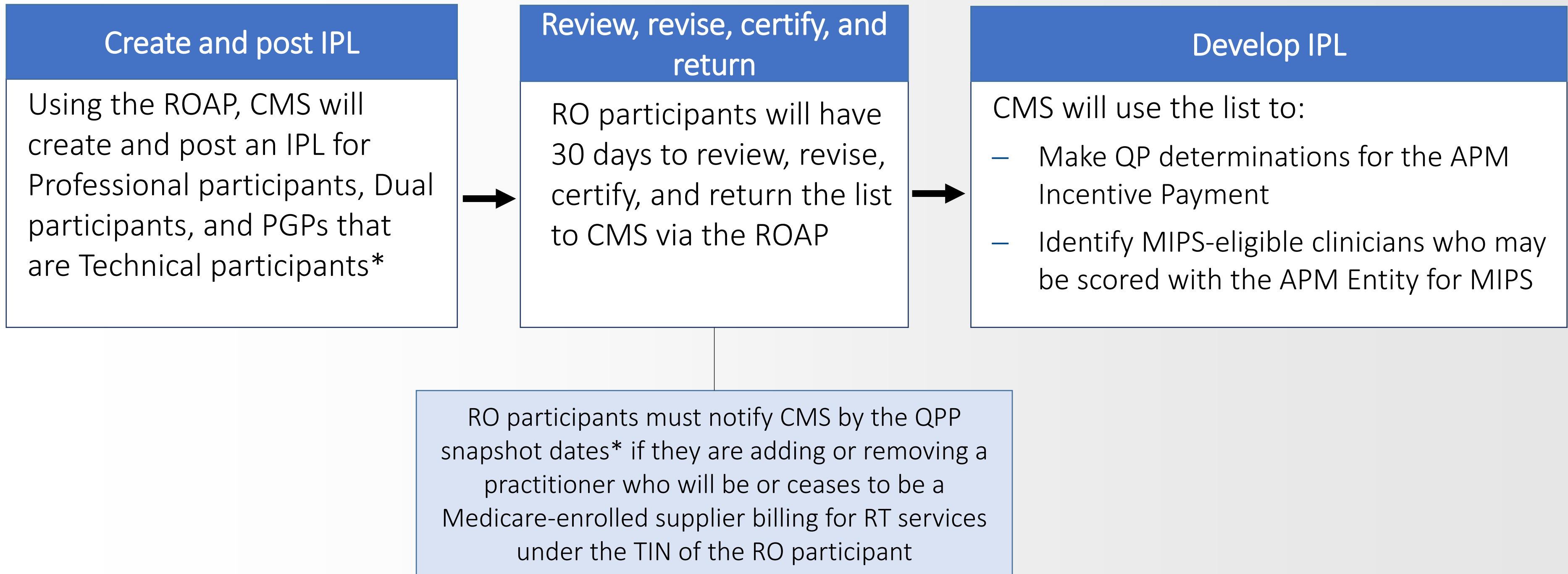
- **Technical participants**

- Starting in Performance Year 3, results from selected patient experience measures based on the CAHPS® Cancer Care survey will be incorporated into the Aggregate Quality Score for Technical participants and applied to the patient experience withhold

CMS will administer the CAHPS® Cancer Care Radiation Therapy survey.
RO participants do NOT need to contract with a separate entity to administer the survey.

RO Model Individual Practitioner List Requirements

The APM Entity is at the Taxpayer Identification Number level



*See proposal in the CY 2022 OPSS/ASC Payment System NPRM.

Summary of Proposed CY 2022 OPPS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
Individual practitioner changes notification deadline	Within 30 days of receiving the IPL	By the QPP snapshot date

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.



Reconciliation and Evaluation



Annual Reconciliation Scenarios

- Incomplete episodes and duplicate RT services can result in an RO participant earning back only a part of their incorrect payment withhold, or an RO participant may owe CMS for RT services furnished to an RO beneficiary
- Aggregate Quality Score calculation can result in an RO participant earning back all or part of their quality withhold

Duplicate RT service

Any included RT service furnished to a single RO beneficiary by an RT provider or RT supplier that:

1. Is not excluded from participating in the model, and did not initiate the PC or TC of the episode
2. Is not operating in an included CBSA, but otherwise not excluded from the RO Model

Incomplete episode

1. TC is not initiated within 28 days following PC
2. RO beneficiary stops meeting any of the eligibility criteria or triggers any of the exclusion criteria before the TC of an episode initiates
3. Traditional Medicare stops being an RO beneficiary's primary payer before all included RT services in the RO episode have been furnished
4. RO beneficiary switches RT provider or RT supplier before all RT services in the RO episode have been furnished

True-Up Process

- CMS conducts an annual True-Up of Reconciliation for each performance year
 - True-up timing addresses the issue of delayed claims for RT services for RO beneficiaries who are in the middle of a radiation episode
 - True-up does not include quality reconciliation payment amount or patient experience reconciliation amount

Model Performance Year*	Initial Reconciliation*	Reconciliation True-Up*
1/1/2022–12/31/2022 (PY1)	August 2023	August 2024
1/1/2023–12/31/2023 (PY2)	August 2024	August 2025
1/1/2024–12/31/2024 (PY3)	August 2025	August 2026
1/1/2025–12/31/2025 (PY4)	August 2026	August 2027
1/1/2026–12/31/2026 (PY5)	August 2027	August 2028

*See proposal in the CY 2022 OPSS/ASC Payment System NPRM.

RO Model Requirements

General requirements for all RO participants

Implement RO Model requirements:

- Care coordination
- Patient-centered care
- CAHPS® Cancer Care RT survey (administered by CMS)

Meet applicable state and federal licensure and certification requirements

Submit claims according to RO Model billing instructions, to receive prospective episode-based payments instead of traditional Medicare FFS payments; submit no-pay claims for monitoring and evaluation

Professional and Dual participants

Notify RO beneficiaries of:

- Inclusion in the RO Model
- Cost-sharing responsibilities

Assess beneficiary tumor, node, and metastasis cancer stage

Use CEHRT

Furnish care consistent with nationally recognized clinical treatment guidelines, when appropriate

Conduct peer review of treatment plans for of all new patients; 50% in PY1 + 5% each PY

Assess beneficiary performance status as a quantitative measure determined by the physician

Send treatment summary to each beneficiary's referrer within 3 months of treatment end

Technical and Dual participants

Attest annually, at such times and in the form and manner specified by CMS, to active participation in an RO-specific AHRQ PSO

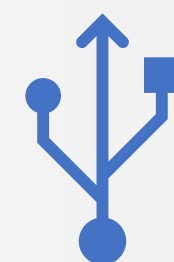
Monitoring for Compliance and the RO Model Evaluation

- CMS will monitor RO participants to verify compliance with participation requirements, using:
 - Audits of claims and services
 - Quality Improvement Organization monitoring
 - Virtual site visits and on-site visits
- RO participants will receive individual performance feedback reports starting in Performance Year 1
- Lack of compliance will jeopardize Alternative Payment Model Incentive Payments:
 - **Track One*** - An Advanced Alternative Payment Model and Merit-Based Incentive Payment System Alternative Payment Model track for Professional and Dual participants that meet all RO Model requirements (including Certified Electronic Health Record Technology)
 - **Track Two*** - An Alternative Payment Model for Dual participants and Professional participants who do not meet the RO Model requirements; and for all Technical participants
- RO participants must cooperate with efforts to conduct an independent evaluation of the RO Model
- An Annual Evaluation Report providing an assessment of the RO Model's impact will be publicly released for each year of the RO Model

Summary of Proposed CY 2022 OPPS/ASC Payment System NPRM Changes in this Section

Topic	Finalized Policy per the IFC	Proposed Policy Modifications*
<p>True-up reconciliation timing</p>	<p>CMS will conduct the PY1 true-up reconciliation as early as August 2023, and the PY2 true-up reconciliation as early as August 2024, and so forth.</p>	<p>CMS will conduct the true-up reconciliation as early as August of the CY following an initial reconciliation for a PY. Under the proposed rule, reconciliation would start in 2023 and true-up would start in 2024.</p>
<p>RO Model requirements</p>	<p>All eligible clinicians participating in the RO Model have the opportunity to become QPs or Partial QPs based on meeting the relevant payment or patient count thresholds, and thereby exempt from the MIPS reporting requirements and payment adjustment for the relevant year. Those that do not meet Model requirements would not be eligible for Advanced APM payments.</p>	<p>Track One and Track Two designations for Professional and Dual participants based on compliance, as well as Technical participants.</p>
<p>Incomplete episodes</p>	<p>Exception for when traditional Medicare ceases to be the primary payer for an RO beneficiary after the TC of the RO episode has been initiated but before all included RT services in the RO episode have been furnished, in which case each RO participant would be paid only the first installment of the episode payment.</p>	<p>For <u>all</u> incomplete episodes, including when the RO beneficiary ceases to have traditional FFS Medicare before all included RT services in the RO episode have been furnished, CMS would reconcile the episode payment for the PC and TC that was paid to the RO participant(s) with what the FFS payments would have been for those RT services using no-pay claims.</p>

*See proposal in the CY 2022 OPPS/ASC Payment System NPRM.



Portal Overview

Portal Overview

RO Administrative Portal

- Track and update participant information and contacts through the RO participant profile page
- Download and submit DRA forms
- Access RO participant-specific data, including historical experience and case-mix adjustments
- Submit RO Model deliverables to CMS, such as the IPLs, CEHRT and PSO Attestations

RO Model Secure Data Portal

- Obtain claims data from CMS by completing the DRA forms located on the ROAP; files include:
 - Beneficiary line-level claims data
 - Episode-level data
 - RO participant-level clinical and quality data
- Submit QM and CDE data

RO Model Portal Overview

<https://innovation.cms.gov/media/document/ro-model-portal-overview-2021>

RO Connect

- Communicate with other RO participants, share documents, participate in online discussions, and receive updates about RO Model activities, among other features
- Access technical and operational resource documents important for program implementation, as well as audio-visual recordings and transcripts of RO Model learning events

Acquiring Model IDs Through the Help Desk

- RO participants should call the RO Model Help Desk to receive their Model ID number; they will need to provide:
 - TIN (physician group practices and freestanding RT centers) or CCN (hospital outpatient departments)
 - RO participants may provide their CCN by email but never their TIN; RO participants should call the Help Desk to provide their TIN
 - First and last name of a primary contact and their email address
- RO participants need a Model ID number to access the:
 - RO Administrative Portal (ROAP)
 - RO Model Secure Data Portal
 - RO Connect

Help Desk

Contact the RO

Model Help Desk:

- Call 1-844-711-2664, Option 5

- Email

RadiationTherapy@cms.hhs.gov



RO Model Portals: Live Demo

RO Connect

RO Model materials are
now available on

RO Connect:

[https://app.innovation.
cms.gov/CMMIConnect
/s/login/](https://app.innovation.cms.gov/CMMIConnect/s/login/)

Available now on the RO Model website!

- RO Model Portal Overview, Videos, and Quick Guide for RO Connect
- FAQs
- RO Model Fact Sheet
- Participating ZIP Code List
- RO Beneficiary Letter
- Regulations and Notices

RO Model website:

[www.innovation.cms.gov/initiatives/radiation
-oncology-model/](http://www.innovation.cms.gov/initiatives/radiation-oncology-model/)

RO Model Help Desk

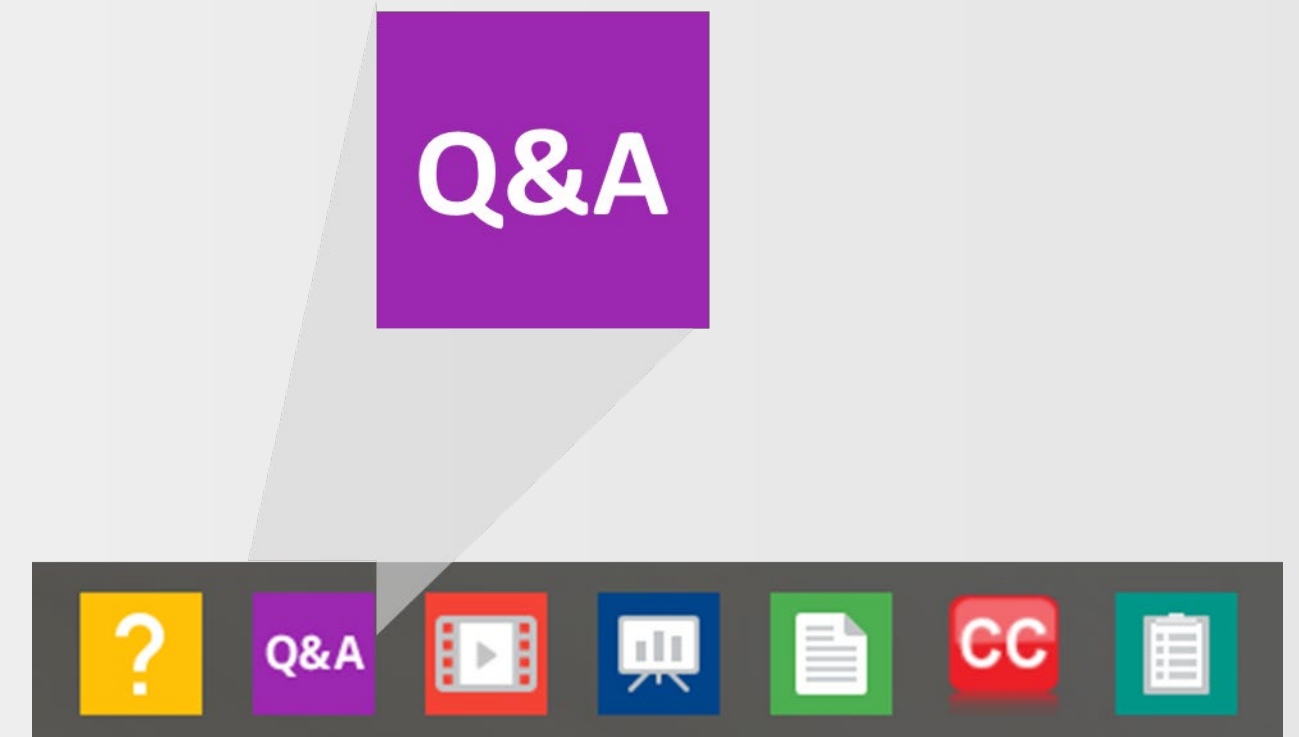
RO Model design and policy questions

RadiationTherapy@cms.hhs.gov

1-844-711-2664, Option 5

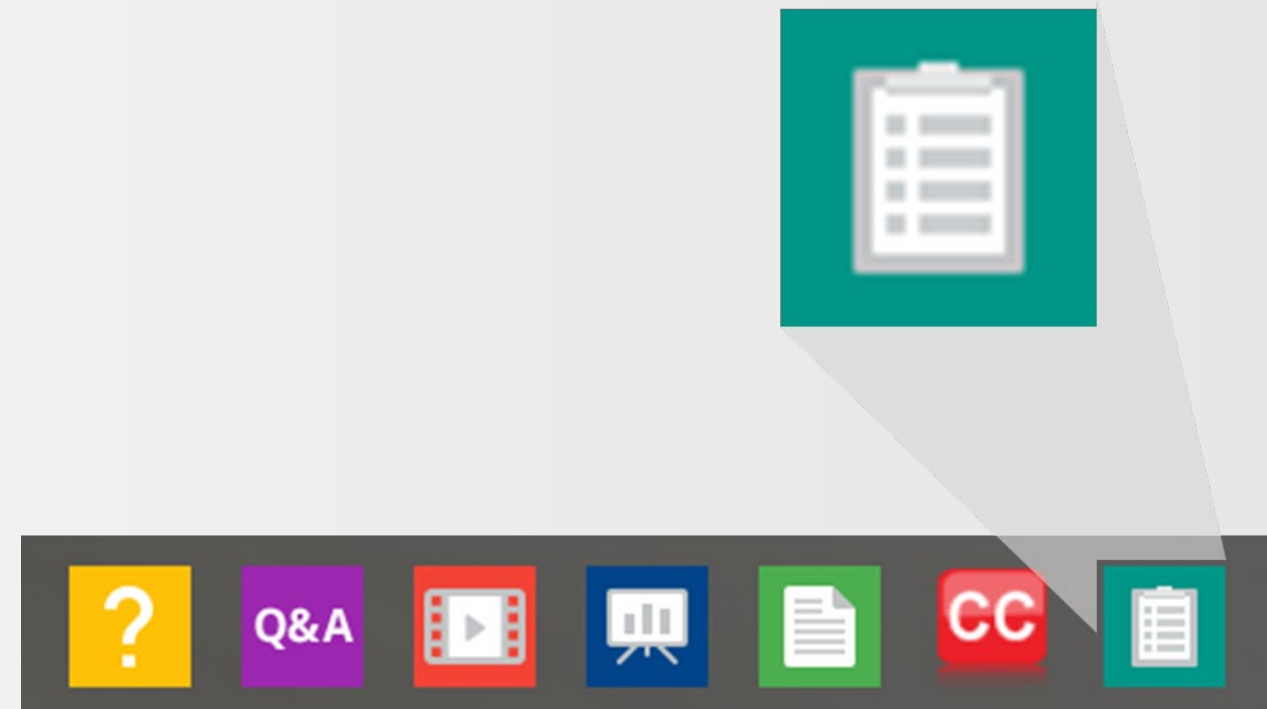
Questions?

Please use the
Q&A widget on
your screen to
submit
questions for
the presenters



Please Give Us Your Feedback!

- Open the survey widget in the widget menu at the bottom of your event console.
- Don't forget to press the submit button when finished!





Thank You!

For more information on upcoming RO Model learning system events:

[Radiation Oncology Model | CMMI](#)

Appendix: Acronyms

Acronym	Definition
(A)APM	(Advanced) Alternative Payment Model
3DCRT	3-Dimensional Conformal Radiotherapy
AHRQ	Agency for Healthcare Research and Quality
AQS	Aggregate Quality Score
ASC	Ambulatory Surgery Centers
BFCC-QIOs	Beneficiary and Family-Centered Care—Quality Improvement Organizations
CAH	Critical Access Hospitals
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CBSA	Core-Based Statistical Area
CCN	CMS Certification Number
CDE	Clinical Data Element
CEHRT	Certified Electronic Health Record Technology
CHART	Community Health Access and Rural Transformation
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CNS	Central Nervous System
DRA	Data Request and Attestation
E&M	Evaluation and Management
EID	Enterprise ID
EOE	end-of-episode
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
HCPCS	Healthcare Common Procedure Coding System
HOPD	Hospital outpatient department

Acronym	Definition
IGRT	Image-Guided Radiotherapy
IMRT	Intensity-Modulated Radiotherapy
IPL	Individual Practitioner List
MIPS	Merit-Based Incentive Payment System
MPFS	Medicare Physician Fee Schedule
OPPS	Outpatient Prospective Payment System
PAMPA	Patient Access and Medicare Protection Act
PBT	Proton Beam Therapy
PC	Professional Component
PCHs	PPS-Exempt Cancer Hospitals
PGPs	Physician Group Practices
PPS	Prospective Payment System
PSO	Patient Safety Organization
PY	Performance Year
QM	Quality Management
QPP	Quality Payment Program
RO	Radiation Oncology
ROAP	Radiation Oncology Administrative Portal
RT	Radiotherapy
SBRT	Stereotactic Body Radiotherapy
SOE	start-of-episode
SRS	Stereotactic Radio Surgery
TC	Technical Component
TIN	Taxpayer Identification Number

Appendix: Registration for RO Administrative Portal (1)

Create RO Administrative Portal account using email address associated with RO Model contact

1

CMS.gov
Centers for Medicare & Medicaid Services

Radiation Oncology Administrative Portal (ROAP)

CMS IDM Username
kennytest

CMS IDM Password

Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

2

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account?
 Yes
 No

Cancel Next >>

Help Links
If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harosualty.net/cms/roap/roap> (ex. QPP), please use these credentials to access your account.

3

IDM Registration

* Create New Username for CMS-IDM ⓘ
Create New Username for CMS-IDM

* Legal First Name
Legal First Name

* Legal Last Name
Legal Last Name

* Email Address
Email Address

I'm not a robot

<< Back Return to Login Next >>

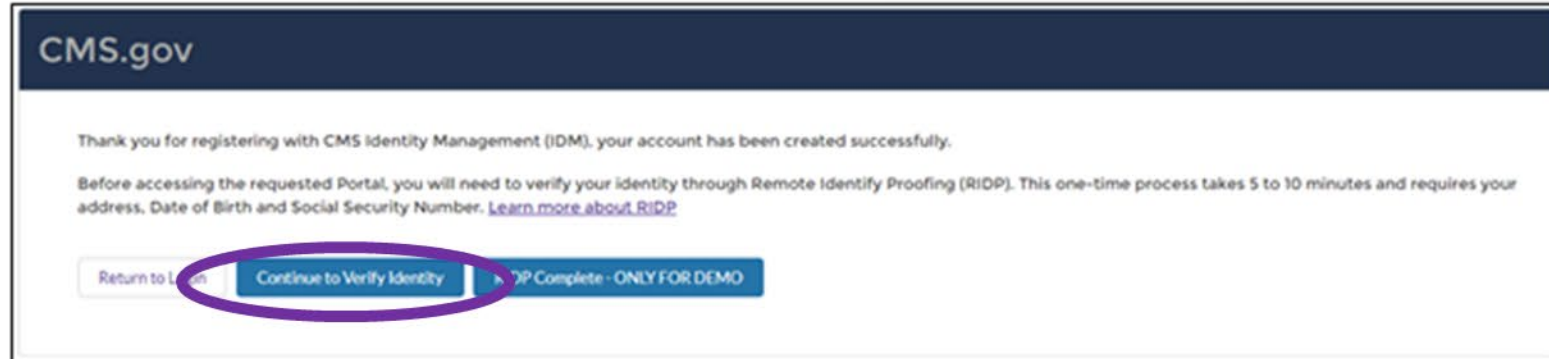
Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@-word" is NOT allowed)
- Username only supports the following special characters: @_.

Appendix: Registration for RO Administrative Portal (2)

Once RO Administrative Portal account created, verify identity using address, date of birth, and Social Security Number

4



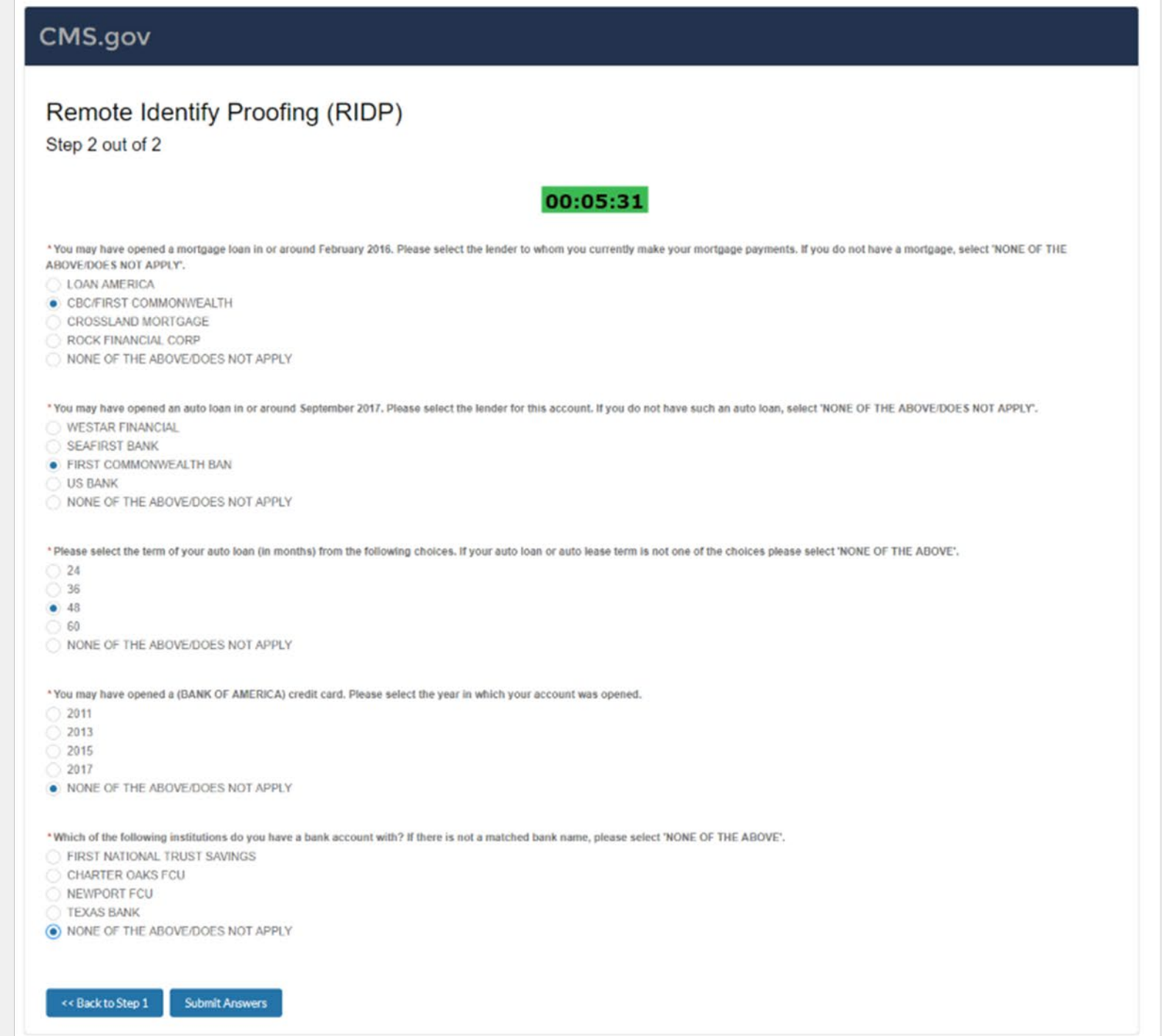
CMS.gov

Thank you for registering with CMS Identity Management (IDM), your account has been created successfully.

Before accessing the requested Portal, you will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)

[Return to Login](#) [Continue to Verify Identity](#) [?P Complete - ONLY FOR DEMO](#)

6



CMS.gov

Remote Identify Proofing (RIDP)

Step 2 out of 2

00:05:31

* You may have opened a mortgage loan in or around February 2016. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- LOAN AMERICA
- CBC/FIRST COMMONWEALTH
- CROSSLAND MORTGAGE
- ROCK FINANCIAL CORP
- NONE OF THE ABOVE/DOES NOT APPLY

* You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- WESTAR FINANCIAL
- SEAFIRST BANK
- FIRST COMMONWEALTH BAN
- US BANK
- NONE OF THE ABOVE/DOES NOT APPLY

* Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE'.

- 24
- 36
- 48
- 60
- NONE OF THE ABOVE/DOES NOT APPLY

* You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

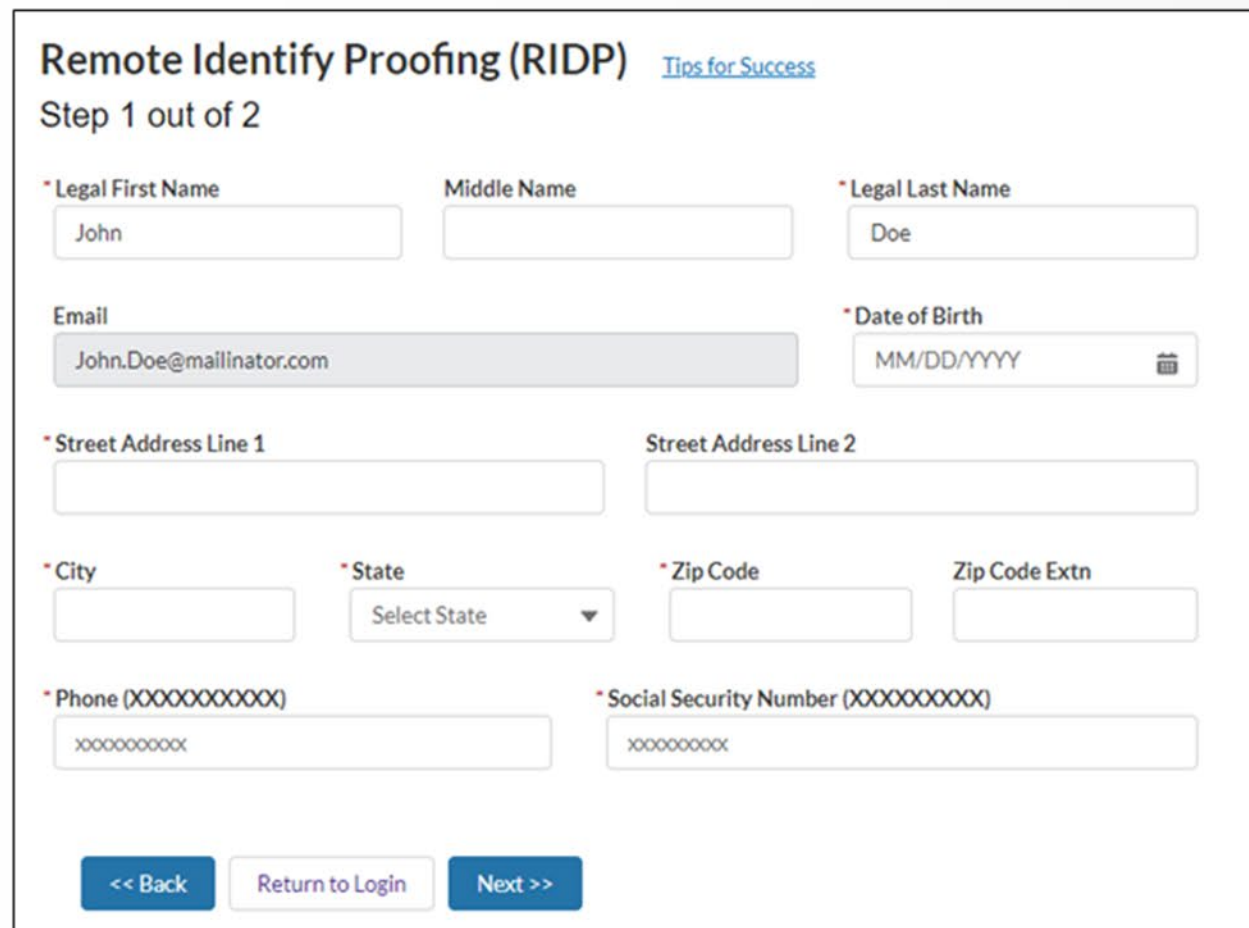
- 2011
- 2013
- 2015
- 2017
- NONE OF THE ABOVE/DOES NOT APPLY

* Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select 'NONE OF THE ABOVE'.

- FIRST NATIONAL TRUST SAVINGS
- CHARTER OAKS FCU
- NEWPORT FCU
- TEXAS BANK
- NONE OF THE ABOVE/DOES NOT APPLY

[Back to Step 1](#) [Submit Answers](#)

5



Remote Identify Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2

* Legal First Name Middle Name * Legal Last Name

Email * Date of Birth

* Street Address Line 1 Street Address Line 2

* City * State * Zip Code Zip Code Extn

* Phone (XXXXXXXXXX) * Social Security Number (XXXXXXXXXX)

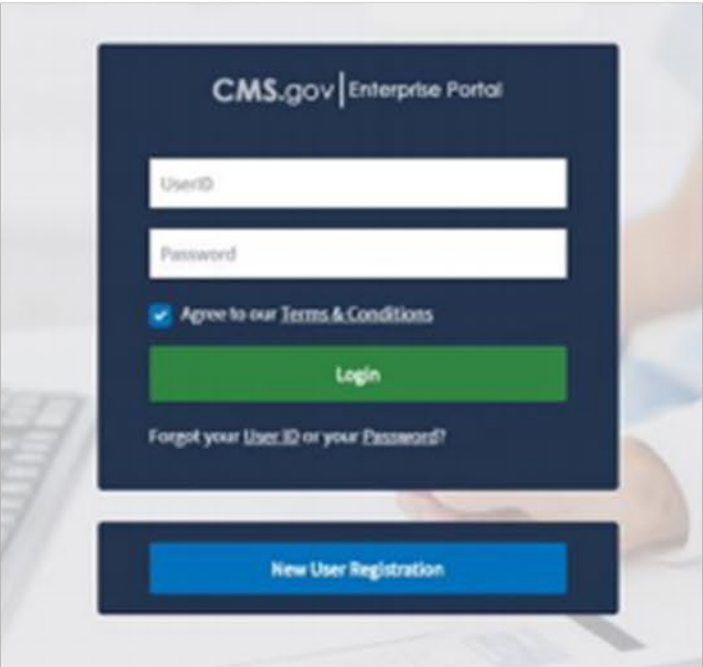
[Back](#) [Return to Login](#) [Next](#)

Upon success, receive confirmation email and be asked to create a password

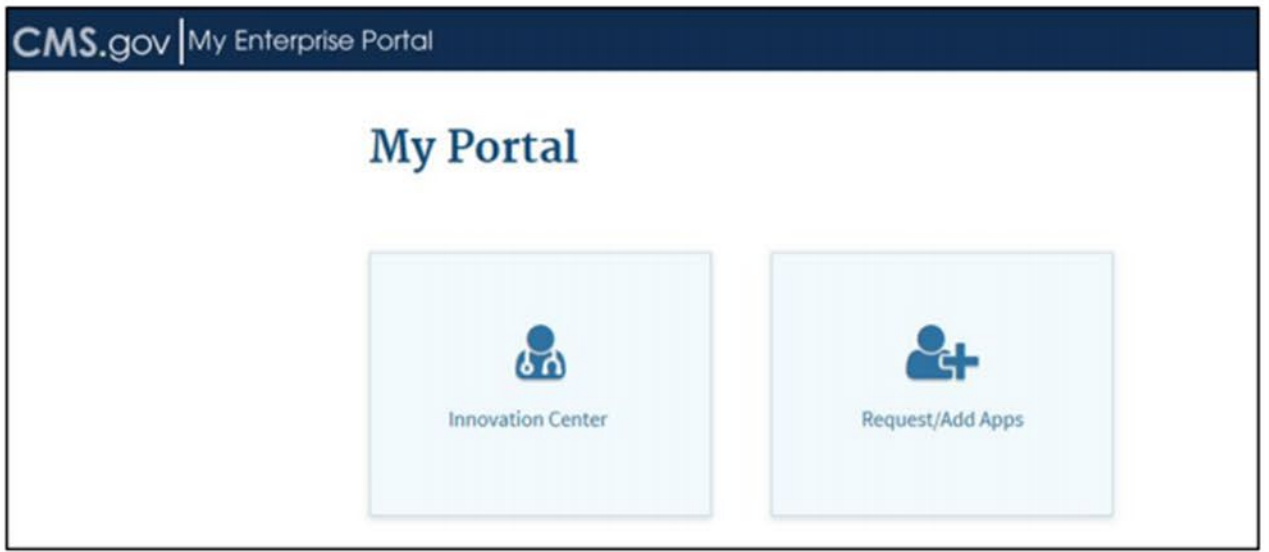
Appendix: Registration for RO Model Secure Data Portal

Use your ROAP EIDM account to log into the RO Model Secure Data Portal

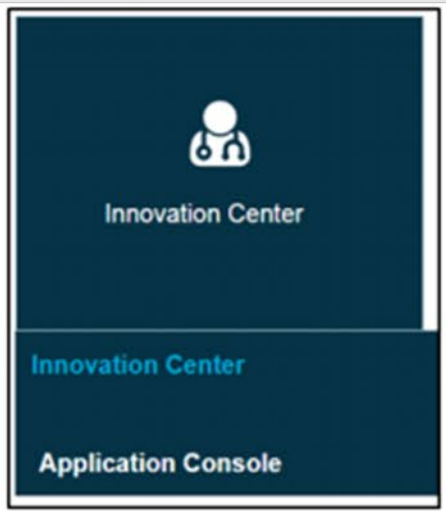
1



2



3



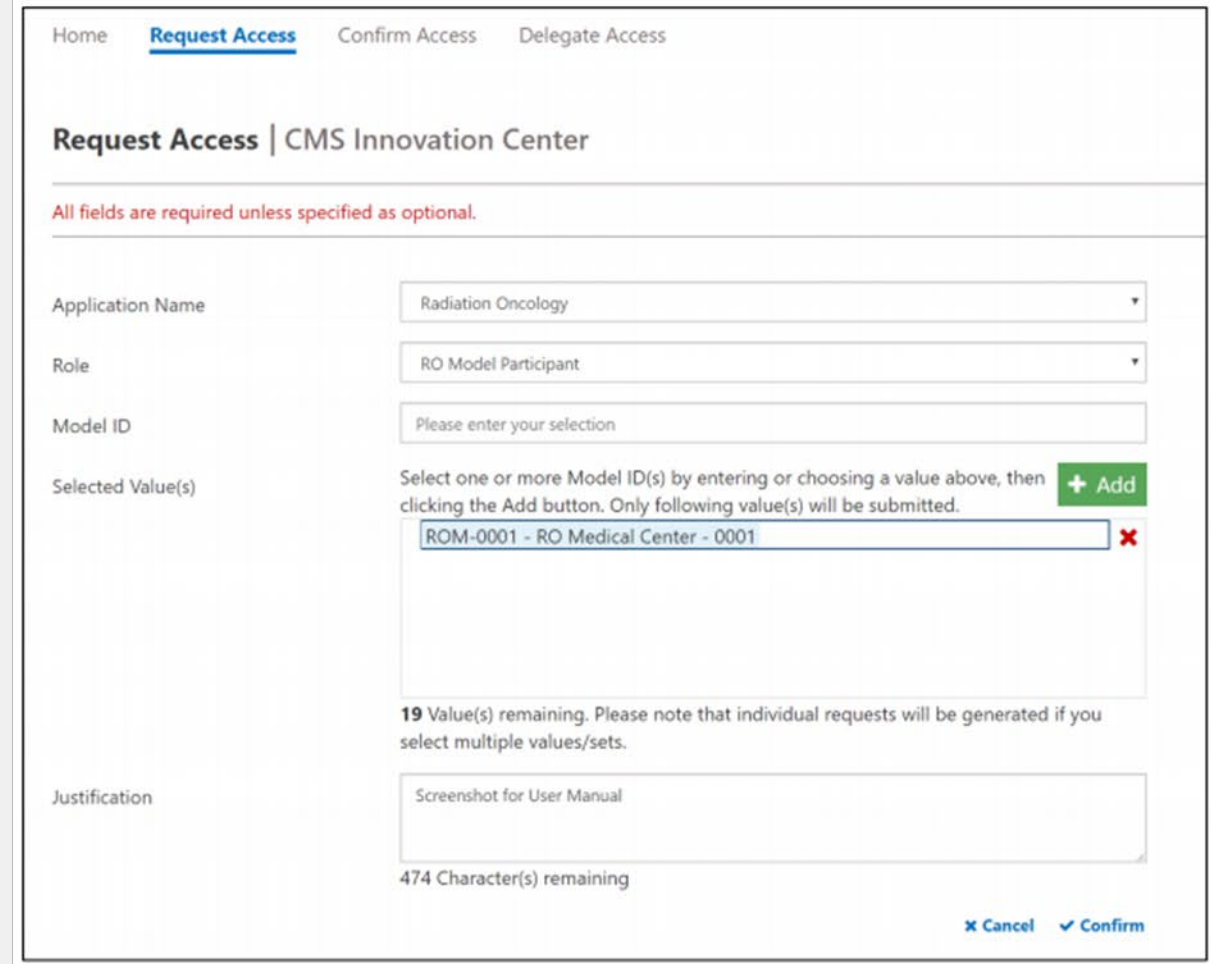
Appendix: Requesting Access in RO Model Secure Data Portal

Request access in the RO Model Secure Data Portal

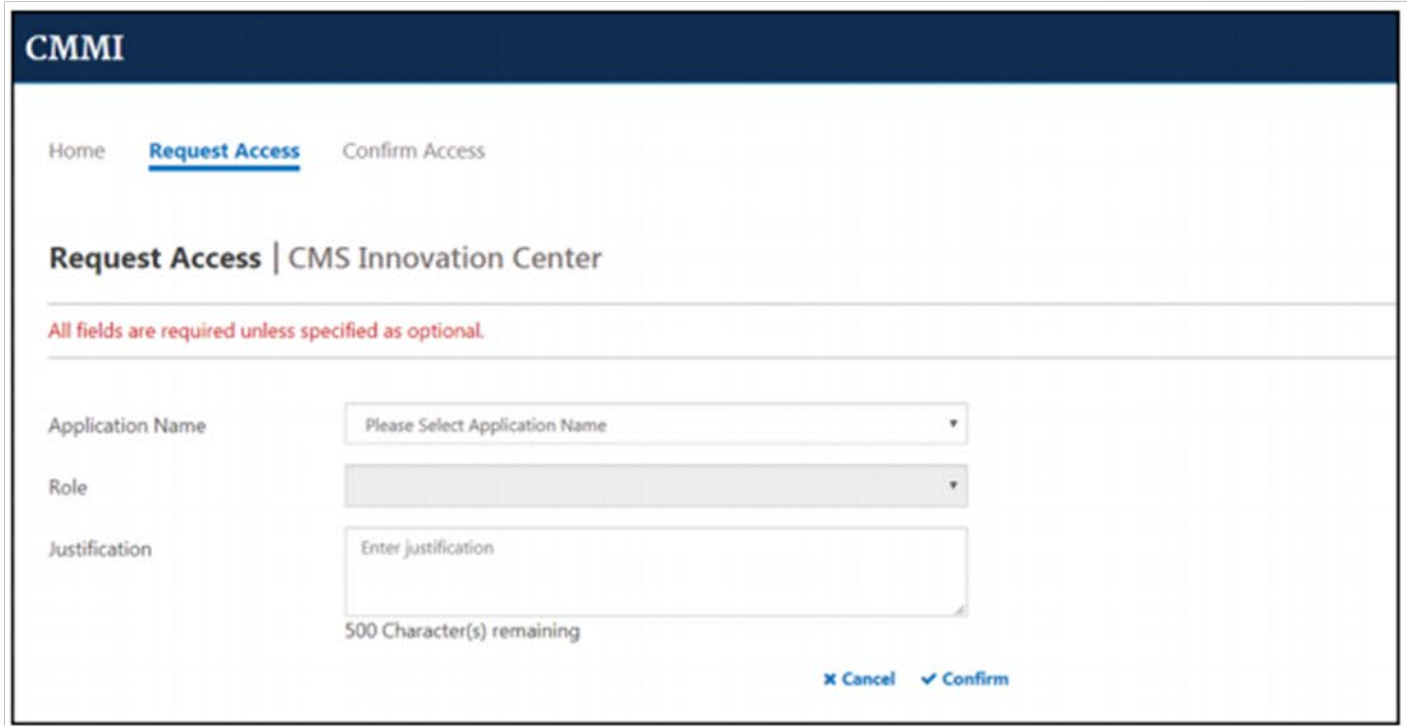
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7

