Radiation Oncology Model Clinical Data Elements and Quality Measures Reporting Requirements Webinar

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 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs final rule with comment period (CMS-1753-FC)

Date: November 16, 2021

Time: 3:00–4:30 p.m. ET

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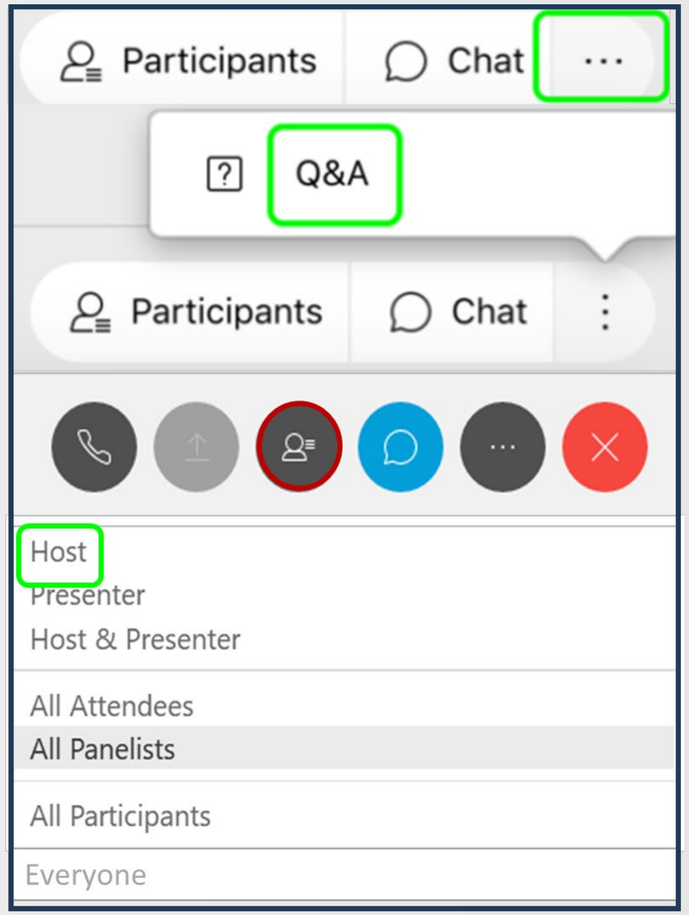
This event is open to everyone. If you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov.

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.

Webinar Logistics and Materials

- All lines are muted upon entry
- During Q&A, to ask a question:
  - Use the Q&A feature to type a question to speakers
- To note technical issues, use the chat feature to chat the host
- Closed-captioning is available for today's event
- Polling is included in today's event
- A recording and slides will be available on the RO Model website within a few days: https://innovation.cms.gov/innovation-models/radiation-oncology-model
- Slides, a recording, and a transcript will also be posted to RO Connect (search term "clinical data elements and quality measures")
- A post-event survey will pop up at the end of today's event



Agenda

3:00–3:10 p.m. ET	Welcome	Julia Embry (Mathematica)
3:10–3:20 p.m. ET	RO Participant Types and Timeline for Data Reporting	Kirsten Barrett (Mathematica)
3:20–3:30 p.m. ET	Clinical Data Elements	Dr. Mark Reardon (CMMI), Dr. Aileen Chen (Clinical Consultant)
3:30–3:40 p.m. ET	Quality Measures	Dr. Mark Reardon (CMMI)
3:40–3:45 p.m. ET	Aggregate Quality Score	Dr. Mark Reardon
3:45–3:55 p.m. ET	Data Submission Procedures	Kirsten Barrett (Mathematica)
3:55–4:25 p.m. ET	Q&A	Mark Reardon and Genevieve Kehoe (CMMI)
4:25–4:30 p.m. ET	Wrap-Up and Next Steps	Julia Embry (Mathematica)

Learning System Activities and Resources

Timing	Topics
July	RO Model 101 Refresher and Portal Overview webinar and Portal Overview resource
	RO Model Quality Measure and Clinical Data Element Collection and Submission Guide and clinical data elements templates (“data collection materials”)
	Technical Files (including Payment Calculator Workbook)
	Frequently Asked Questions (FAQs)
August 24	Coding, Billing, and Pricing Methodology webinar
August 31	Coding, Billing, and Pricing Methodology office hours
September	RO Model Requirements webinar
	Index of Resources
October	FAQs
November	Clinical Data Elements and Quality Measures Reporting Requirements Webinar
	Implementation Guide
	Billing Guide
December	FAQs
	QPP, APM, MIPS webinar

Note: Timing and topics are subject to change based on ongoing trends in RO participant needs.

Audience Poll #1

Has your organization registered in the RO Administrative Portal (ROAP) with at least one primary or legal contact associated with your RO Model ID? (select one response)

a) Yes
b) In process
c) No
d) Unsure
e) Not applicable; I am not an RO participant

Speakers (1)

Dr. Mark Reardon, *Quality Lead, RO Model, CMS Innovation Center, CMS*

Dr. Reardon is a CMS fellow and management analyst at CMMI. He is passionate about the positive impact of value-based care on patients and providers and joined CMMI to continue to steward this important work in the public sector. Before joining CMMI, Dr. Reardon was the director of partner development at Commonwealth Care Alliance, a nonprofit payer and provider organization focused on high-need dual-eligible beneficiaries in Massachusetts. He has also worked with firms driving innovation in the health care space, including Flare Capital Partners (as a Flare Scholar) and MetaMind (acquired by Salesforce). He holds an MD from the University of Miami's Miller School of Medicine and an MBA from Duke University's Fuqua School of Business.

Kirsten Barrett, *Senior Researcher, Mathematica*

Dr. Barrett is a senior researcher at Mathematica. She has led development and testing of numerous clinical quality measures across several quality reporting programs and has extensive experience designing and implementing data collection tools and systems. Dr. Barrett has had leadership roles on numerous studies on topics related to hospital safety, quality improvement organization (QIO) effectiveness, practice management, health information technology, and substance abuse facility revenues and expenditures. Her work has been published in peer-reviewed journals including Women's Health Issues, the American Journal of Health Promotion, the Journal of Pain and Palliative Care Pharmacology, and Accountability in Research, among others. She holds a PhD from Virginia Commonwealth University.

Speakers (2)

Dr. Aileen Chen, *Clinical Consultant*

Dr. Chen is a practicing radiation oncologist and a member of the Department of Radiation Oncology and Department of Health Services Research at the University of Texas MD Anderson Cancer Center. Previously, she was on the faculty of the Dana-Farber Cancer Institute/Brigham and Women's Hospital. Dr. Chen specializes in the treatment of all types of thoracic cancer, and her research focuses on improving quality, value, and care experiences for patients. She has published numerous peer-reviewed studies and received funding from the American Cancer Society, the American Society for Radiation Oncology, and NIH/NCI. Dr. Chen received her MD from Harvard Medical School with a degree in health care policy from the Harvard Kennedy School of Government.

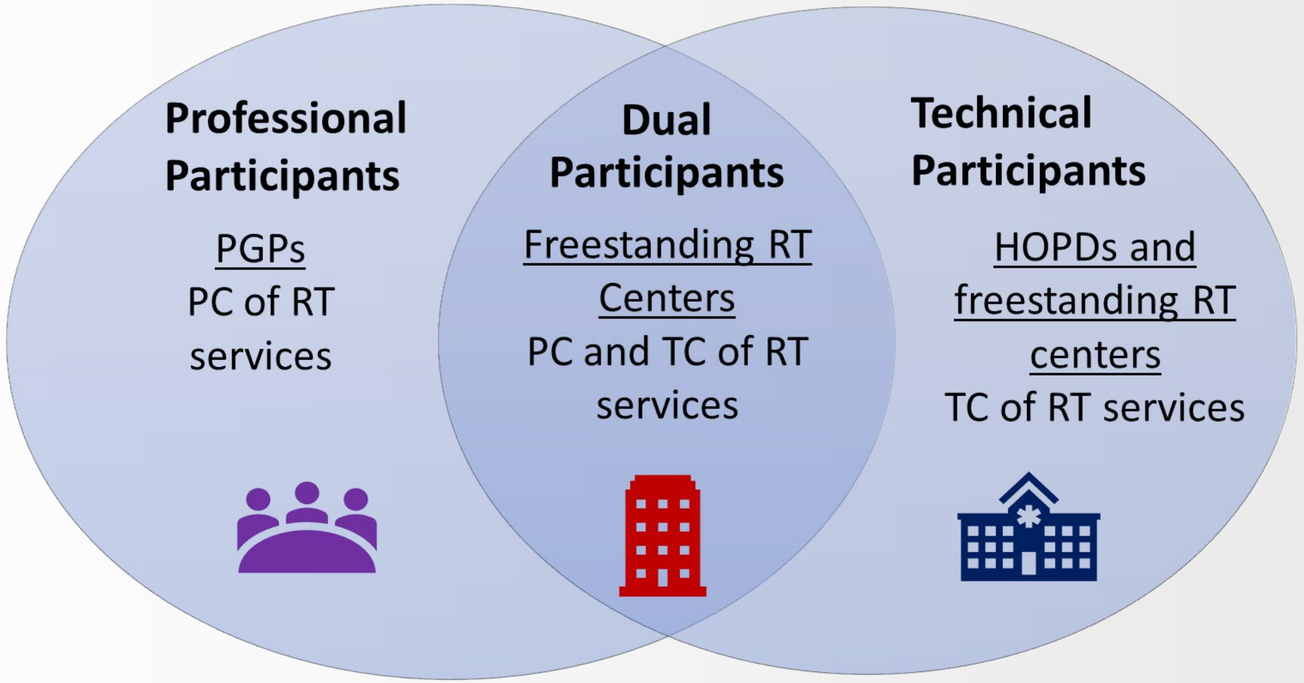
Genevieve Kehoe, *Pricing Methodology Lead, RO Model, CMS Innovation Center, CMS*

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.

RO Participant Types and Timeline for Data Reporting

RO Participant Types

Professional component
Includes RT services that may be furnished only by a physician



Technical component
Includes RT services that are not furnished by a physician (e.g., provision of equipment, supplies, and 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 and technical components of RT services for an RO episode through a freestanding radiation therapy center, identified by a single taxpayer identification number

Extreme and Uncontrollable Circumstance: RO Model Flexibilities for Performance Year 1

- In the CY 2022 Medicare OPPS/ASC final rule, CMS finalized its proposal to adopt an extreme and uncontrollable circumstances (EUC) policy for the RO Model
- CMS has determined there is an EUC based on the ongoing COVID-19 public health emergency, and intends to grant all RO participants certain exceptions to the RO Model requirements
- Specific RO Model flexibilities intended for performance year 1 (January 1, 2022 – December 31, 2022) are as follows:
  - —The requirement that RO participants collect and submit quality measures and clinical data elements will be optional in PY1 (2022)
  - —The 2-percent quality withhold will not be applied to RO Model professional episode payments in PY1 (2022)
  - —The requirement that RO participants actively engage with an AHRQ-listed patient safety organization will be optional in PY1 (2022)
  - —The requirement that RO participants conduct Peer Review (audit and feedback) on treatment plans will be optional in PY1 (2022)
- The complete description of the EUC policy can be found in the CY 2022 OPPS/ASC final rule, found on the RO Model website

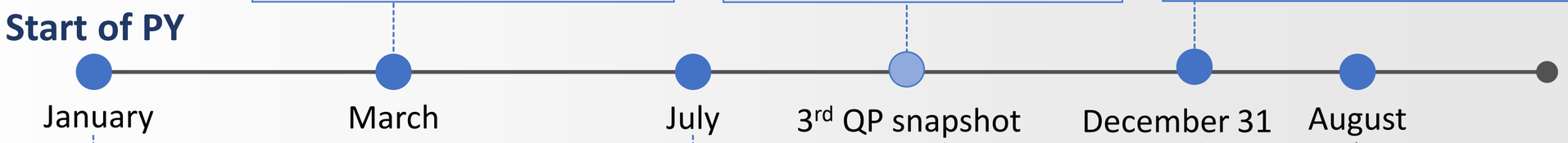
RO Model Performance Year

Before start of PY

- Case-mix and historical-experience adjustments available in ROAP
- Notification of nonparticipation due to eligibility for low volume opt-out

Within 30 days of PY

- CEHRT attestation due in ROAP for Professional participants and Dual participants



Professional participants and Dual participants

- Submit CDE data for episodes that ended in the prior six months*
- Develop plan to meet peer review threshold*

Professional participants and Dual participants

- Submit quality measures data for episodes that ended in the previous PY*

Professional participants and Dual participants

- Submit CDE data for episodes that ended in the prior six months*

Professional participants, Dual participants, and some Technical participants

- Submit individual practitioner list attestation by the 3rd QP snapshot date

All RO participants

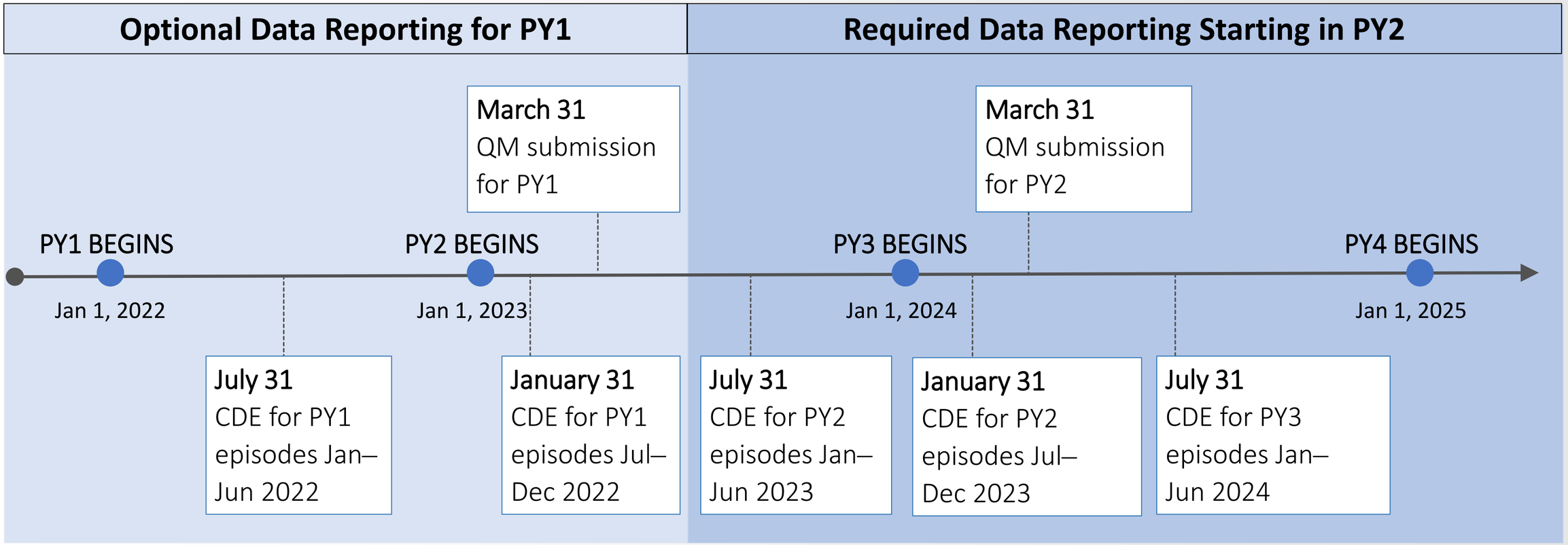
- Initial reconciliation for the previous PY and true-up reconciliation for the PY two years previous, if applicable

Technical participants and Dual participants

- Deadline to submit patient safety organization attestation for current PY*

*Due to the EUC adopted by CMS in the CY 2022 Medicare OPPS/ASC final rule, this is optional in performance year 1

Timeline for Reporting RO Model Data



Post-model performance period

- January 2027: CDE submission for PY5 episodes finishing July–December
- March 2027: QM submission for all PY5
- August 2027: Reconciliation for PY5 and true-up for PY4
- August 2028: True-up for PY5

Audience Poll #2

Which of the following is your organization's electronic health record vendor? (select all that apply)

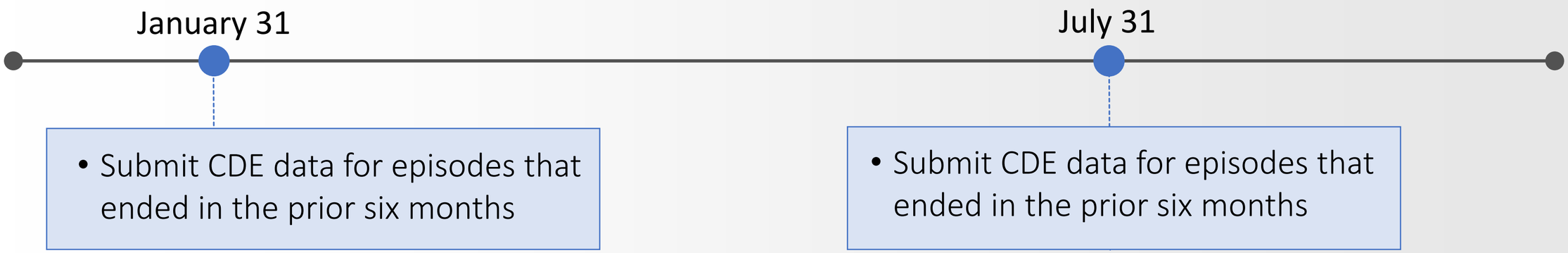
a) Epic
b) Allscripts
c) Cerner
d) ARIA (Varian or Eclipse)
e) MOSAIQ (Elekta/IMPAC)
f) Other (enter in the Q&A panel)
g) Not applicable; I am not an RO participant

Reporting Requirements for Clinical Data Elements

Requirements for Reporting Clinical Data Elements for Professional Participants and Dual Participants

Required reporting of clinical data elements delayed until performance year 2 (2023) due to the EUC

- Professional participants and Dual participants must submit clinical data elements biannually for RO beneficiaries who were treated for an applicable cancer type and completed their RO episode in the preceding six months
  - Clinical data elements are reported in July for episodes completed January 1–June 30 and in January for episodes completed July 1–December 31



Requirements for Reporting Clinical Data Elements

- Timeliness
  - Reported biannually in July and January
- Completeness
  - 100 percent of data for at least 95 percent of RO beneficiary episodes
- Eligible population
  - Clinical data elements are only required for RO beneficiaries receiving RT services from Professional or Dual participants
- Submission procedure
  - All data are submitted via the RO Model Secure Data Portal
- Reporting of clinical data elements is factored into the aggregate quality score based on pay-for-reporting

Reminder

Optional reporting of clinical data elements for all (five) cancer types in PY1.

Required reporting of all (five) cancer types starting in PY2.

Overview of Clinical Data Elements (1)

- Only RO beneficiaries are included in clinical data elements reporting
- Professional participants and Dual participants must submit clinical data elements for RO beneficiaries treated with an included RT service for one of the five cancer types:
  - Breast
  - Prostate
  - Lung
  - Bone metastases
  - Brain metastases
- If an RO beneficiary has multiple cancers, the RO participant should report the clinical data elements for the RO Model's included cancer type billed for the RO beneficiary's episode
- The RO Model does not require Technical participants to report clinical data elements

Overview of Clinical Data Elements (2)

- RO Model Quality Measure and Clinical Data Element Collection and Submission Guide: Required clinical data elements table

	Breast	Prostate	Lung	Bone metastases	Brain metastases
ECOG or KPS score	✓	✓	✓	✓	✓
AJCC TNM staging	✓	✓	✓		
Intent of treatment	✓	✓	✓		
Histology	✓		✓		
Laterality	✓				
ISUP Grade Group or Gleason score		✓			
Primary anatomic target	✓	✓	✓		
Fractions	✓	✓	✓		
Dose per fraction	✓	✓	✓		
Total dose	✓	✓	✓		
Regional nodes	✓	✓			
Boost	✓				
Prior RT to an overlapping area				✓	
Prior RT to brain					✓

ECOG = Eastern Cooperative Oncology Group; KPS = Karnofsky Performance Score; AJCC TNM = American Joint Committee on Cancer tumor node metastasis; ISUP = International Society of Urological Pathology.

Required for <u>all</u> included cancer types: Performance status - Eastern Cooperative Oncology Group (ECOG) or Karnofsky Performance Score (KPS)

Clinical Data Elements for Breast, Lung, and Prostate Cancer

Breast, lung, and prostate cancer

- American Joint Committee on Cancer Tumor, Node, and Metastasis staging (8th edition)
- Intent of treatment—palliative, curative
- Primary anatomic target identified
  - For the primary anatomic target:
    - Fractions delivered
    - Dose per fraction delivered (cGy)
    - Total dose delivered (cGy)

Note

- **Breast cancer:** Include, as applicable, regional nodes treated and boost delivered
- **Prostate cancer:** Include, as applicable, pelvic nodes treated

Remaining Clinical Data Elements for Each Cancer Type

Breast cancer

- **Histology**
  - Ductal carcinoma in situ
  - Infiltrating ductular carcinoma
  - Lobular carcinoma
  - Invasive carcinoma with ductal and lobular features (mixed-type carcinoma)
  - Other
  - Not available
- **Laterality**

Lung cancer

- **Histology**
  - Non-small-cell lung cancer
  - Small-cell lung cancer
  - Pleural neoplasm
  - Other
  - Not available

Prostate cancer

- ISUP Grade Group or Gleason score

Bone metastases

- Prior RT to an overlapping area

Brain metastases

- Prior RT to the brain

Note

Anatomic site, dosage, fraction, and histology are not required for bone or brain metastases.

Audience Poll #3

How likely is it that your organization will optionally report clinical data elements in performance year 1? (select one response)

a) Very likely
b) Likely
c) Not very likely
d) Not likely at all
e) Not applicable; I am not an RO participant

Audience Poll #4

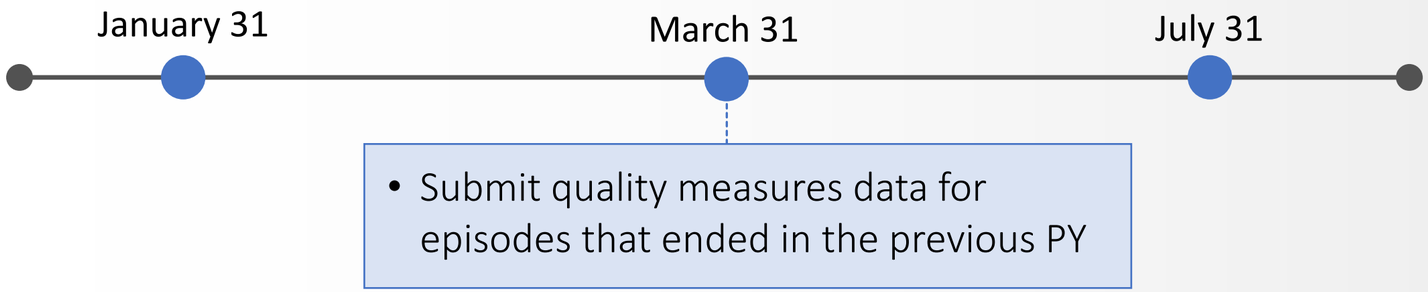
How confident are you that your organization can meet the requirements for reporting clinical data elements beginning in performance year 2? (select one response)

a) Very confident
b) Moderately confident
c) Slightly confident
d) Not at all confident
e) Not applicable; I am not an RO participant

Requirements for Reporting Quality Measures

Overview of Requirements for Reporting Quality Measures

- Timeliness
  - Required reporting in performance years 2 through 5



- Minimum case threshold
  - Professional participants and Dual participants with at least 20 eligible cases for a given measure
- Eligible population
  - Quality measures are reported for all patients receiving RT services through the RO Model
- Submission procedure
  - All data are submitted via the RO Model Secure Data Portal

Reminder

The RO Model does not require clinical and quality measure data reporting for Technical participants.

Overview of Quality Measures RO Model Overview

- The RO Model qualifies as an Advanced Alternative Payment Model and a Merit-Based Incentive Payment System APM
- Quality measure reporting will include all patients receiving RT services from an RO participant
- Advanced Alternative Payment Models and Merit-Based Incentive Payment System APMs require quality to be attached to payment
- The quality measures for the RO Model are:

Reminder

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

https://www.qpp.cms.gov

1. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (NQF #0418; CMS #134)
2. Advance Care Plan (NQF #0326; CMS #047)
3. Oncology: Medical and Radiation—Plan of Care for Pain (NQF #0383; CMS #144)
4. Treatment Summary Communication–Radiation Oncology
5. CAHPS® Cancer Care Survey for Radiation Therapy with Shared Decision-Making module

Requirements for Quality Measures Reporting

- Preventive Care and Screening: Screening for Depression and Follow-Up Plan
  - —Patients are screened for depression and, if positive, have a follow-up plan documented
- Advance Care Plan
  - —Patients 65 and older with an advance care plan or refusal to complete an advance care plan documented in the medical record
- Oncology: Medical and Radiation—Plan of Care for Pain
  - —Patients undergoing chemotherapy or RT with moderate to severe pain for whom there is a documented plan within the first two visits
- Treatment Summary Communication—Radiation Oncology
  - —Patients who undergo external beam RT and have a documented treatment summary communicated to the patient and to the physician providing continuing care

Reminder

Quality measure reporting will include all patients receiving RT services from Professional participants and Dual participants.

CAHPS® Cancer Care Radiation Therapy Survey

- **Professional participants and Dual participants**
  - Starting in performance year 3, results from selected patient experience measures based on the CAHPS® Cancer Care Radiation Therapy survey will be incorporated into the aggregate quality score and applied to the quality withhold applied to Professional component payments
- **Technical participants and Dual 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 Dual participants and applied to the patient experience withhold applied to Technical component payments

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.

Audience Poll #5

How likely is it that your organization will optionally report quality measure data in performance year 1? (select one response)

a) Very likely
b) Likely
c) Not very likely
d) Not likely at all
e) Not applicable; I am not an RO participant

Audience Poll #6

Which of the following quality measures are you currently collecting? (select all that apply)

a) Oncology: Medical and Radiation—Plan of Care for Pain
b) Preventive Care and Screening: Screening for Depression and Follow-Up Plan
c) Advance Care Plan
d) Treatment Summary Communication—Radiation Oncology
e) None
f) Not applicable; I am not an RO participant

Aggregate Quality Score

Note

The 2% quality withhold will **not** be applied to RO Model payments in performance year 1 (2022).

Aggregate Quality Score Overview (1)

- The aggregate quality score is a numeric score calculated for each Professional participant and Dual participant
- Professional participants and Dual participants should understand the elements of this calculation:
  - Aggregate quality score is calculated based on each Professional participant's or Dual participant's:
    1. Performance on a set of quality measures compared with historical benchmarks
    2. Reporting of data for the pay-for-reporting quality measures
    3. Reporting of clinical data elements on applicable RO beneficiaries
  - Performance on both portions of the aggregate quality score is used to calculate points, which are then converted into a percentage (50 percent of the score based on quality measure components and the other 50 percent on successful reporting of clinical data elements)
  - Resulting aggregate quality score percentage is applied during reconciliation to allow a Professional participant or Dual participant to earn back a percentage of the quality withhold that was included in the calculation of the episode payment
- Starting in performance year 3, all RO participants will be accountable for patient experience via the patient-reported CAHPS® Cancer Care Radiation Therapy Survey

Aggregate Quality Score Overview (2)

Pay-for-reporting
"All or nothing"

- **Clinical data elements:** 100 percent of CDEs for 95 percent or more of eligible RO beneficiaries
- **Quality measures:** Treatment Summary Communication is pay-for-reporting in performance year 2 only

Pay-for-performance
Quality measures only

- **Compared against MIPS program benchmarks:** Plan of Care for Pain, Screening for Depression, and Follow-Up Plan, Advance Care Plan
- **Compared against benchmarks established using performance year 2 data:** Treatment Summary Communication and CAHPS® Cancer Care Survey

Clinical and quality measures and contribution to the AQS

		Contribution to AQS calculation	
	Level of reporting	Pay-for-reporting	Pay-for-performance
Clinical data elements	RO beneficiary	PYs 2–5	n.a.
Oncology: Medical and Radiation—Plan of Care for Pain	Aggregate	n.a.	PYs 2–5
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Aggregate	n.a.	PYs 2–5
Advance Care Plan	Aggregate	n.a.	PYs 2–5
Treatment Summary Communication—Radiation Oncology	Aggregate	PY2	PYs 3–5
CAHPS® Cancer Care Survey	Patient-reported	n.a.	PYs 3–5

Aggregate Quality Score: Sample Calculation (1)

$$\text{AQS} = \frac{\text{Quality measures: 0 to 50 points based on weighted measure scores and reporting} + \text{Clinical data elements: 50 points when data are submitted for } \geq 95 \text{ percent of applicable RO beneficiaries}}{100} \times 2.0$$

2.0 = percent quality withhold

Sample AQS calculation for PY2:

Ultra Rad RT, LLC, has **100 RO beneficiaries** with an applicable cancer type who completed their RT episode in the PY

QMs

Meets reporting threshold and submits data for Advance Care Plan, Plan of Care for Pain, and Treatment Summary Communication → **6 points** for Advance Care Plan based on MIPS benchmark (pay-for-performance) + **4 points** for Plan of Care for Pain based on MIPS benchmark (pay-for-performance) + **10 points** for reporting Treatment Summary Communication (pay-for-reporting) = 20 QM points out of a possible 30

CDEs

Complete reporting for **98** RO beneficiaries → CDEs for **98 percent** of RO beneficiaries ≥ **95 percent** requirement = 50 CDE points for reporting out of a possible 50

Aggregate Quality Score: Sample Calculation (2)

$$\text{AQS} = \frac{\text{Quality Measures: 0 to 50 points based on weighted measure scores and reporting} + \text{Clinical Data Elements: 50 points when data are submitted for} \geq 95 \text{ percent of applicable RO beneficiaries}}{100} \times 2.0 \text{ percent quality withhold}$$

Sample AQS calculation for PY2 (continued):

Ultra Rad RT, LLC, has **100 RO beneficiaries** with an applicable cancer type who completed their RT episode in the PY

AQS

Adjust QM points to 50-point scale:

$$\frac{(20 \text{ QM points} \times 50)}{30} = 33.3 \text{ QM points}$$

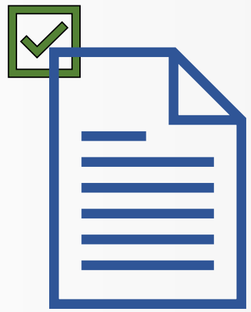
$$\frac{33.3 \text{ QM points} + 50 \text{ CDE points}}{100} \times 2.0 =$$

1.67 percent of the 2.0 percent quality withhold

Data Submission Procedures

RO Model Secure Data Portal Overview

- The RO Model Secure Data Portal:
  - Can be accessed through the CMS ePortal
  - Requires RO participants to request access through the Innovation Center Application of the CMS ePortal
  - Furnishes Microsoft® Excel CDE Workbook for clinical data elements
  - Offers a test environment for data submission
  - Indicates if submitted data fail validation
  - Enables RO participants to download their claims data files



Note:

Please see the RO Model Secure Data Portal User Manual on the RO Model website for more information:

https://innovation.cms.gov/media/document/ro-portal-usermanual

Data Submission Procedure

- Required reporting of clinical data elements (biannually) and quality measures (annually) is done through the RO Model Secure Data Portal
- Submission procedures:

Clinical Data Elements

1. Download Microsoft® Excel CDE Workbook from RO Model Secure Data Portal
2. Populate applicable cancer tabs with data from RO participant's EHR
3. Upload populated CDE Workbook to RO Model Secure Data Portal

Quality Measures

1. Navigate to appropriate quality measure page in RO Model Secure Data Portal
2. Enter aggregate counts for each quality measure component
3. Finalize submission through RO Model Secure Data Portal

RO Model Clinical Data Elements Submission Template, with Example (Breast Cancer)

RO Model ID (rom_id) and Medicare Beneficiary Identifier (mbi) will be prepopulated upon download

Values for each clinical data element can be found in the RO Model Quality Measure and Clinical Data Element Collection and Submission Guide, Version 2

A1 | Table [ ]. Breast Sample File Layout

	A	B	C	D	E	F	G	H	I	J	K	L	M	
1	**Table [ ]. Breast Sample File Layout**													
2														
3	**rom_id**	**mbi**	**start_date**	**ajcc_t**	**ajcc_n**	**ajcc_m**	**histo**	**intent**	**lateral**	**ecog**	**kps**	**prim_anat**	**dose**	**frac**
4	1111	B204A66AA05	03/11/22	T4d	N3c	M0	2=Infiltrating ductular carcinoma	1=Palliative	1=Right	2		41=Breast - partial	00500	
5	1111	1A11A30AA23	02/14/22	T1	N3	M1	5=Other	2=Curative	2=Right and left	1		42=Chest wall	00450	
6	1111	1A22A43AA12	02/20/22	T4d	N1mi	M0	3=Lobular carcinoma	1=Palliative	3=Left	3		98=Other	00600	
7	2222	1A23A30AA98	03/17/22	T1a	N2b	M0(i+)	4=Invasive carcinoma - ductal and lobular	2=Curative	3=Left		50	40=Breast - whole	00300	
8	2222	1A04A11AA11	03/31/22	T1a	N3b	M1	2=Infiltrating ductular carcinoma	1=Palliative	2=Right and left		70	40=Breast - whole	00410	

Data Collection: Specific Resources

- RO Model Quality Measure and Clinical Data Element Collection and Submission Guide (v2.0)
  - Describes RO Model's data reporting requirements in detail
- RO Model Secure Data Portal
  - Access Microsoft® Excel CDE Workbook for reporting clinical data elements
  - Upload data for clinical and quality measure reporting
- RO Model Secure Data Portal User Manual
  - Describes best practices for navigating RO Model Secure Data Portal
- RO Administrative Portal
  - Update organizational contact information
  - Request RO Model data (Data Request Attestation forms)
  - Submit Certified Electronic Health Record Technology attestation
- RO Model Help Desk
  - Submit questions about the RO Model

Note:

A recording of this webinar will be available on the RO Model website in a few days.

Audience Poll #7

Which of the following RO Model data collection materials have you reviewed? (select all that apply)

a) Quality Measure and Clinical Data Element Collection and Submission Guide
b) RO Model Secure Data Portal User Manual
c) Breast clinical data element template
d) Lung clinical data element template
e) Prostate clinical data element template
f) Bone metastases clinical data element template
g) Brain metastases clinical data element template
h) None of the above
i) Not applicable; I am not an RO participant

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Q&A

RO MODEL
RADIATION ONCOLOGY

Common Questions

- **Question 1:** Are Professional participants and Dual participants required to submit quality measures both through the RO Model Secure Data Portal and through their existing registry?

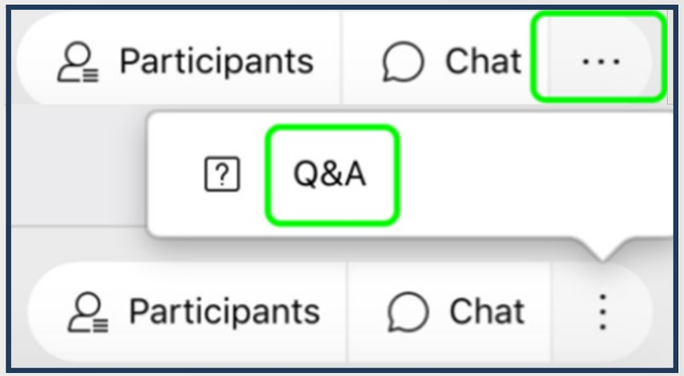
- **Question 2:** We currently document some of our CDEs in an internal data application that supplements our EMRs, but is not certified as an EMR. Can we use this application when submitting our CDEs or do we need to ensure they are documented discretely in the medical record as well?

- **Question 3:** I am a radiation oncologist in a multi-center practice. One of our sites is participating in the RO Model, but my site is NOT participating in the RO Model. Will only the physicians in my group that work at the site included in the RO Model need to be on the Individual Practitioner List in ROAP?

- **Question 4:** Is the RO Model collecting outcome measures?

Reminder: How to Ask a Question

- To ask a question:
  - Use the Q&A feature to type a question to speakers



RO Model Resources

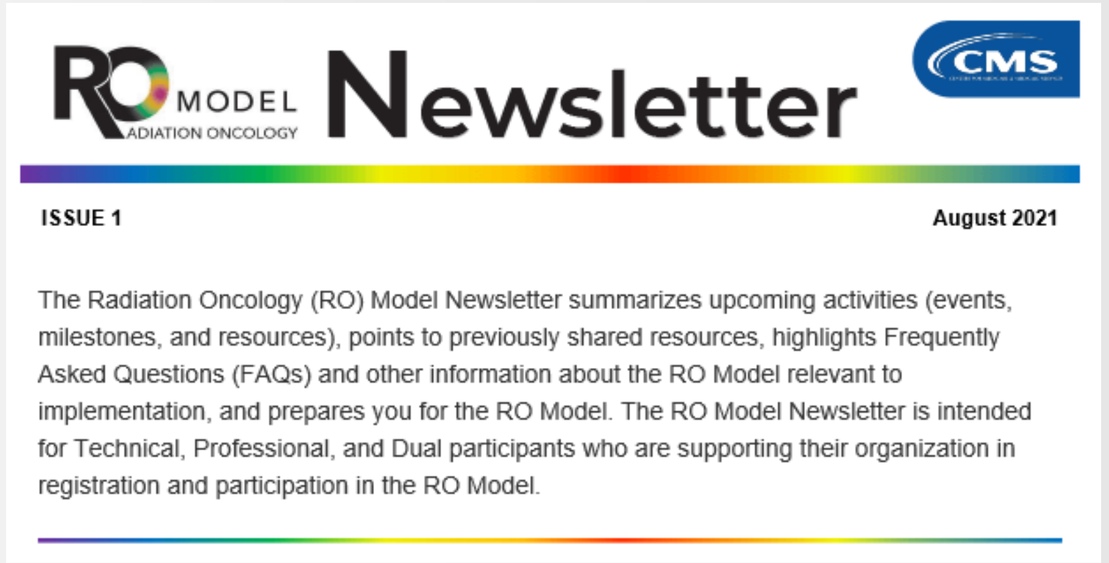
RO Model Website:

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

- RO Model Portal Overview Webinar and portal manuals
- FAQs
- RO Model Quality Measure and Clinical Data Element Collection and Submission Guide Version 2 and clinical data elements templates
- RO Model regulations and notices
- 2017–2019 Baseline Episode File and Data Dictionary for 2017-2019 Baseline Episode File
- RO Model-Specific HCPCS Codes—August 2021
- Included Cancer ICD-10 Codes—August 2021
- Included RT Services (HCPCS Codes)—August 2021
- RO Model Learning Event slides and recordings

RO Connect:

https://app.innovation.cms.gov/CMMIConnect/s/login/



Wrap-Up

Please complete the evaluation as you exit the event. Feedback helps us improve future activities and resources.

Thank you!

RO Model Help Desk

Please direct questions about the RO Model or upcoming events to the RO Model Help Desk:

- RadiationTherapy@cms.hhs.gov
- 1-844-711-2664, Option 5

Next Up: QPP, APM, and MIPS webinar

Appendix: Acronyms

Acronym	Definition
APM	Alternative Payment Model
AQS	Aggregate Quality Score
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CCN	CMS Certification Number
CDE	Clinical Data Element
CEHRT	Certified Electronic Health Record Technology
cGy	centigray
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
DRA	Data Request and Attestation
EHR	Electronic Health Record
FAQs	Frequently Asked Questions
FFS	Fee-for-Service
HCPCS	Healthcare Common Procedure Coding System
HOPD	Hospital Outpatient Department

Acronym	Definition
IPL	Individual Practitioner List
ISUP	International Society of Urological Pathology
MBI	Medicare Beneficiary Identifier
MIPS	Merit-Based Incentive Payment System
NQF	National Quality Forum
PGP	Physician Group Practice
PSO	Patient Safety Organization
PY	Performance Year
QM	Quality Measure
QPP	Quality Payment Program
RO	Radiation Oncology
ROAP	Radiation Oncology Administrative Portal
RT	Radiotherapy
TIN	Taxpayer Identification Number