Bundled Payment Mini Summit II

Radiation Therapy Bundles

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APM Basic

- APM Goal – provide high-quality and cost efficient care
- APMs Can Apply To *specific clinical condition *care episode *population
- Subsets of APMs *MIPS APMs *aAPMs
- aAPM Bonus Payments 5% incentive lump bonus until end of 2022 performance period (Paid in 2024 per MACRA)

Lots of Practice Types (Stakeholders)

Strategy

Multiple RO Practice Types within the "APM" zipcodes

Hospital new to APM – RO is employee or contracted

Hospital with mulitple APMs – RO is employee or contracted

Non Hospital Clinics– most smaller who may be new to APM

SPECIAL:

RURAL

PROTON

Multiple RO Practice Types OUTSIDE of the "APM" zipcodes

Hospital new to APM

Hospital with other APMs

Non Hospital Clinics – most smaller who may be new to APM

SPECIAL:

RURAL

PROTON

FFS versus APM

- FFS may face possible PFS payment Cuts
  - The "Freeze" where Treatment and related imaging services (G6001-6015) codes were explicitly frozen at 2016 payment level ends in 2019.
    - Protected against reductions to "simple" IMRT
    - Protected from further increase in equipment utlization rate
    - Protected from cuts to radiation treatment vault
    - E/M code restructuring

From the Nov. 2017 Report to Congress: "CMS Innovation Center sets the episode price. CMS commonly uses more than one year of historical data in setting this baseline to create greater payment stability."

APM

Patient Centered Health

RO APM vs. OCM

OCM: 178 Practices – reduced ER visits; care coordination, behavioral and financial counselors plus national treatment guidelines for care. ~~Per-member per-month extra dollars~~.

"Re-engineer so physician practices work under payment arrangements that include financial and performance accountability for chemotherapy treatment and the care surrounding those patients."*

RO APM:

Radiation Oncologist free to choose modality (e.g. IMRT, Proton?, brachytherapy, etc)

No Pre-Authorizations?

Payment Rates better than FFS (under PFS) since based on past year rates?

*https://www.modernhealthcare.com/article/20181105/NEWS/181109963

ACRO

CMS Transmittal 2256

- If a claim is submitted with a RO Model-specific HCPCS code for a site of service that is located within one of the randomly selected CBSAs as identified by zip code, but the CMS Certification Number (CCN) or TIN is not on the participant list, the claim should be paid using the rate assigned to that RO Model-specific HCPCS code (without Payment Model Adjustments (PMA))

Stakeholder Engagement Results

ACRO Request	Feb. 15 Transmittal	Result
Prospective; development of new RO APM case rate codes, Payment made to radiation oncologist	Prospective; rates assigned to RO Model-specific HCPCS codes Payment made to radiation oncologist (PC) and Facility (TC)	√
Episode/Trigger	90-day episode; payment would cover ALL RT services needed within the 90-day period	√
15 Disease Sites	17 Disease sites (not specified)	√
Voluntary	Mandatory	x
Nationwide	Randomly Selected Core-Based Statistical Areas (CBSA) based on zipcodes	x

Worries

RO APM Group.
Control Group for RO APM.
OPPS Group
PFS Group

Worries

Special Circumstances

No Additional $ for Care Coordination

- Vulnerable Populations need additional resources (e.g. mental health counseling). A fixed payment system based on historic rates may inadvertently penalize physicians for meeting these patient needs.
- Inadequate Data on Correct Risk Adjustment (e.g. genetics) – difficult to capture via claims data.
- Overlap with other APMs (e.g. OCM) which may be currently be profitable for larger systems.
- Inadequate time: RO Bundle has not been released June 2019 and difficult to imagine roll out in January 2020.

Strategy
(Revenue/Growth)

Strategy

- **RO APM has to have adequate quality measures, reduced paperwork burden and flexibility especially in systems with other APMs in place.**
- **Systems Outside of APM Zipcodes should be protected against potential payment cuts**

Report to Congress: Episodic APM for Radiation Therapy Services Nov 2017