Are you a hospital outpatient department, physician practice or free-standing clinic providing radiation therapy services?

If you answered 'yes' and you're within these **ZIP** codes, you will be required to adopt the new

Model) starting Jan. 1, 2022.

Radiation Oncology Model (RO

RO Model impact on the future of value-based care

This new model, designed to improve the quality of care for cancer patients receiving radiotherapy, will require providers to transition from fee-forservice to prospective, episode-based payments that are based on a patient's cancer diagnosis.

Providers must begin planning for this mandatory model now. Follow these steps to ensure compliance with the new billing guidelines, quality measures and clinical reporting requirements:





Thirty percent of all radiation oncologists in the U.S. will be impacted by this model. Prospective participants include hospital outpatient departments, physician group practices and free-standing clinics providing radiation therapy services. Mandatory participation is randomized by core-based statistical areas. Check your status here.









Effective planning will require the formation of a governance team. This team should include administrative leaders and those in finance,

quality, information technology and population health roles to assist with different components of the RO Model.







Your team should review the new billing codes and modifiers used to indicate the start and end of the cancer episode which initiates the prospective payment. Your team must understand the financial implications of the two-part prospective payment to ensure compliance with billing guidelines and minimize billing errors.







REVIEW REPORTING REQUIREMENTS Your team should review the four quality measures and clinical data

reporting requirements to ensure successful performance in the program. The four quality measures are: → Oncology: Medical and Radiation – Plan of Care for Pain



- → Treatment Summary Communication Radiation Oncology
- → Preventive Care and Screening: Screening for Depression
- and Follow-Up Plan □ Advance Care Plan
- RO Model participants are also required to submit clinical data

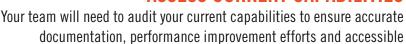
elements for the approved cancer types. For more information on these quality measures and clinical reporting

guidelines, visit CMS' RO Model Quality Measure and Clinical Data Element Collection and Submission Guide.

STEP 5 **ASSESS CURRENT CAPABILITIES**







reports to meet RO Model requirements.









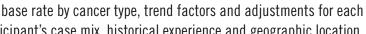
IMPLEMENT CHANGES Providers may need to implement new documentation into workflows

to support reporting requirements and payment monitoring. Payment monitoring is needed to ensure episodes fulfill the professional and technical components of the RO Model to avoid an incomplete payment.

STEP 7







participant's case mix, historical experience and geographic location. Participants have an opportunity to earn back payment withholds at reconciliation based on clinical data reporting, quality measure performance and patient experience.



getting started? Contact DataGen for help simplifying the complexities of mandatory alternative payment

Need help

models and optimizing financial and quality performance. Our RO Model services include:

- □ Claims data analysis: We automate and enrich processes for claims data to meet the prospective bundled payment model rules. → Data analytics: We provide a flexible data analytics
- and outcomes in the context of the RO Model. → Payment monitoring: We check CMS reconciliation calculations to identify potential errors that can impact RO Model reimbursement.

tool to visualize patterns of utilization, payment

CONTACT contact@datagen.info

1.844.DATAGEN | www.datagen.info

Data Gen® Insights for Healthcare

About DataGen For more than 20 years, DataGen has been an essential partner to healthcare

payment policy changes and promoting a pragmatic view of how changes will affect revenue and profitability. DataGen provides data analytic support to hospitals, health systems, state

organizations across the country, illustrating the financial implications of

hospital associations, and other healthcare groups across the nation as they strive to improve quality, outcomes and financial performance. Drawing on specialized health policy and payment expertise, as well as an

in-depth understanding of the power of analytics to drive change, DataGen

simplifies the complexities of healthcare payment change.