



Description of Radiation Oncology Model Episode File (2015 – 2017)

June 2019

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Overview

This file was prepared in support of the proposed Radiation Oncology (RO) Model. Its purpose is to provide potential RO participants and other interested stakeholders with detailed, de-identified information on baseline RO episodes that are proposed to form the basis for calculating payment rates under the model. The file contains data on baseline RO episodes that began during the period CY 2015 – 2017. Episodes are triggered by a RO planning service and extend for 90 days. Two sets of RO services are covered under the model: professional services, such as planning and management services, and technical services, such as radiation treatment delivery and related services. Each set of services (professional [PRO] and technical [TECH]) is attributed to a specific provider based on the initial planning and radiation treatment delivery services furnished at the beginning of an episode. A detailed description of the RO Model, episode definitions, and payment methodology is contained in the Notice of Proposed Rulemaking (NPRM) titled “Specialty Care Models to Improve Quality of Care and Reduce Expenditures”.

All payment amounts have been converted to 2017 Dollars. To calculate the national base rates for PRO and TECH of each cancer type, episode counts and expenditures that initiated in 2015 should be weighted at 20 percent, episode counts and expenditures that initiated in 2016 should be weighted at 30 percent, and episode counts and expenditures that initiated in 2017 should be weighted at 50 percent. First, weight the episode expenditures by using the following data elements: RADONC_PRO_PAY, RADONC_TECH_PAY, CANCER_TYPE, and YEAR; for all episodes for a specific cancer type in a year, multiply the RADONC_PRO_PAY variable by the number of episodes and the weight for that year, and then repeat for the RADONC_TECH_PAY variable. If there is no value listed in the cells of RADONC_PRO_PAY or RADONC_TECH_PAY for an episode, then the episode is not included in the calculation of the national base rate. Then, sum the weighted values of RADONC_PRO_PAY and RADONC_TECH_PAY for each cancer type across the three years. Next, divide the summed and weighted PRO and TECH episode expenditures for each cancer type by the sum of the weighted episode numbers for each cancer type.

File features

Unit of observation – RO episode

Content – Information related to both PRO and TECH components of each episode on one file

Time frame – Episodes beginning in calendar years 2015 – 2017

Scope – National

Exclusions – Episodes that do not qualify for the model (e.g., certain cancer types; episodes in Maryland, Vermont, and U.S. Territories; episodes involving critical access hospital services); for a complete list of exclusions, please reference the proposed Specialty Care Models to Improve Quality of Care and Reduce Expenditures Rule.

Format – ZIP file in .csv format

Data Elements

Unless noted otherwise, the variables defined below will be present for all episodes.

Data Element	Description	Length	Format	Example Values
<u>EPISODE_ID</u>	Each episode has been assigned a unique, random identification number.	6	CHAR	111111
<u>CANCER_TYPE</u>	There are 17 proposed cancer types included in the baseline episodes, each consisting of a specific bundle of ICD-9 and ICD-10 diagnosis codes. These proposed cancer types are listed in the NPRM referenced above. Diagnosis codes are obtained from claims data, as described in the NPRM. This variable is used to calculate the proposed national base rates and proposed case mix adjustments	25	CHAR	Bladder
<u>AGE_GROUP</u>	Beneficiary age at the beginning of the episode, determined from Medicare enrollment records. This variable is used to calculate the proposed case mix adjustments.	5	CHAR	< 65, 65–74, 75–84, 85+
<u>BENE_SEX_IDENT_CD</u>	Beneficiary sex, determined from Medicare enrollment records. This variable is used to calculate the proposed case mix adjustments.	1	CHAR	1=male, 2=female
<u>TREATMENT_SETTING</u>	Treatment setting refers to the setting in which the majority of radiation treatment delivery services were furnished during the episode (excluding radiation treatment delivery (guidance)). This is determined from claims for radiation treatment delivery services. This variable is used to identify episodes that are used in the calculation of the proposed national base rates and the proposed case mix adjustments.	12	CHAR	Outpatient, Freestanding, Both, Neither

Data Element	Description	Length	Format	Example Values
<u>RADONC_PRO_PROVIDER</u>	Each provider that has been attributed the professional component of at least one baseline episode is assigned a unique, arbitrary provider ID. This variable allows episodes to be aggregated by attributed PRO provider for purposes of calculating the proposed case mix adjustments and the proposed historical experience adjustments. If a provider is attributed with both PRO and TECH components of baseline episodes, the provider ID will be the same for this data element and the <i>RADONC_TECH_PROVIDER</i> data element.	4	CHAR	1234
<u>RADONC_TECH_PROVIDER</u>	Each provider that has been attributed the technical component of at least one baseline episode is assigned a unique, arbitrary provider ID. This variable allows episodes to be aggregated by attributed TECH provider for purposes of calculating the proposed case mix adjustments and the proposed historical experience adjustments. If a provider is attributed with both PRO and TECH components of baseline episodes, the provider ID will be the same for this data element and the <i>RADONC_PRO_PROVIDER</i> data element.	4	CHAR	1234
<u>RADONC_TECH_PROV_TYPE</u>	This indicates the type of provider (hospital outpatient department or freestanding radiation therapy center) that was attributed the technical component of the episode. This variable is used to identify episodes that are used in the calculation of the proposed national base rates and the proposed case mix adjustments.	4	CHAR	OPD, FREE
<u>MAJOR_PROCEDURE_FLAG</u>	This indicates whether the beneficiary received a major procedure during the episode or in the previous 90 days. The procedure does not have to be related to cancer. A list of major procedures is contained in a separate file within this zip file containing the RO Episode File (2015-2017). This variable is used to calculate the proposed case mix adjustments.	1	NUM	1=Yes; 0=No

Data Element	Description	Length	Format	Example Values
<u>CHEMO_FLAG</u>	This indicates whether the beneficiary received chemotherapy during the episode or in the previous 90 days. A list of chemotherapy drugs is contained in a separate file within the zip file containing the RO Episode File (2015-2017). This variable is used to calculate the proposed case mix adjustments.	1	NUM	1=Yes; 0=No
<u>DIED_1_30</u>	This indicates whether the beneficiary died during the first 30 days of the episode. This variable is used to calculate the proposed case mix adjustments.	1	NUM	1=Yes; 0=No
<u>DIED_31_60</u>	This indicates whether the beneficiary died during the second 30 days of the episode. This variable is used to calculate the proposed case mix adjustments.	1	NUM	1=Yes; 0=No
<u>DIED_61_90</u>	This indicates whether the beneficiary died during the last 30 days of the episode. This variable is used to calculate the proposed case mix adjustments.	1	NUM	1=Yes; 0=No
<u>RADONC_PRO_PAY</u>	This is the payment amount for professional services furnished in the episode in 2017 dollars. It is provided only for episodes used to calculate the proposed national base rates. This variable is used to calculate the proposed national base rates.	8	NUM	11111.11
<u>RADONC_TECH_PAY</u>	This is the payment amount for technical services furnished in the episode in 2017 dollars. It is provided only for episodes used to calculate the proposed national base rates. This variable is used to calculate the proposed national base rates.	8	NUM	11111.11

Data Element	Description	Length	Format	Example Values
<u>RADONC_PRO_PAY_WINSORIZED_OPD</u>	This is the Winsorized payment amount for professional services furnished in the episode, in 2017 dollars. It is provided only for episodes proposed to generate the coefficients of the regression models, which are then, in turn, used to calculate the proposed case mix adjustments for all RO participants. Winsorization is based on the 1 st and 99 th percentiles of the proposed baseline episodes in the outpatient setting. This variable is used to calculate the proposed case mix adjustments for all RO participants. These values may differ from RADONC_PRO_PAY_WINSORIZED_ALL due to differences in the way dollars are trended separately for OPD episodes.	8	NUM	11111.11
<u>RADONC_TECH_PAY_WINSORIZED_OPD</u>	This is the Winsorized payment amount for technical services furnished in the episode, in 2017 dollars. It is provided only for episodes proposed to generate the coefficients of the regression models, which are then, in turn, used to calculate the proposed case mix adjustments for all RO participants. Winsorization is based on the 1 st and 99 th percentiles of the proposed baseline episodes in the outpatient setting. This variable is used to calculate the proposed case mix adjustments for all RO participants. These values may differ from RADONC_TECH_PAY_WINSORIZED_ALL due to differences in the way dollars are trended separately for OPD episodes.	8	NUM	11111.11
<u>RADONC_PRO_PAY_WINSORIZED_ALL</u>	This is the Winsorized payment amount for professional services furnished in the episode, in 2017 dollars. It is provided for all the proposed baseline episodes, with Winsorization based on the 1 st and 99 th percentiles of the proposed baseline episodes in the outpatient setting. This variable is used to calculate the proposed historical experience adjustments for all RO participants.	8	NUM	11111.11

Data Element	Description	Length	Format	Example Values
<u>RADONC TECH PAY WINSORIZED ALL</u>	This is the Winsorized payment amount for technical services furnished in the episode, in 2017 dollars. It is provided for all proposed episodes, with Winsorization based on the 1 st and 99 th percentiles of the proposed baseline episodes in the outpatient setting. This variable is used to calculate the proposed historical experience adjustments for all RO participants.	8	NUM	11111.11
<u>COUNT BRACHY</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for brachytherapy. This variable is provided for informational purposes.	14	CHAR	0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services
<u>COUNT CEB</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for conventional external beam. This variable is provided for informational purposes.	14	CHAR	0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services
<u>COUNT IMRT</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for IMRT. This variable is provided for informational purposes.	14	CHAR	0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services
<u>COUNT IORT</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for IORT. This variable is provided for informational purposes.	14	CHAR	0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services

Data Element	Description	Length	Format	Example Values
<u>COUNT_PROTON</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for proton beam therapy. This variable is provided for informational purposes.	14	CHAR	<i>0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services</i>
<u>COUNT_SRS</u>	This provides a count of the number of radiation treatment delivery services furnished during the baseline episode for stereotactic radiosurgery. This variable is provided for informational purposes.	14	CHAR	<i>0 services, 1-10 services, 11-20 services, 21-30 services, 31-40 services, 41+ services</i>
<u>YEAR</u>	This indicates the calendar year in which the baseline episode began. This variable is used to adjust baseline episode payment amounts to 2017 dollars.	4	NUM	<i>2015, 2016, 2017</i>