



## Radiology Medicare Value Based Model

### Summary:

Radiology Practices and group practices that provide radiology services may choose to enroll in the program. The objective is to reduce total Medicare radiology spending by a participating practice below its projected benchmark spending amount. Participants could earn shared savings for staying below the benchmark but would be at risk for shared losses. Practices would need to adhere to a set of quality metrics that would include vetting a portion of advanced imaging exams against clinical decision support tools that provide guidance based on appropriate use criteria (AUC). Participants could also qualify for an advanced APM Medicare Physician Fee Schedule (MPFS) bonus payment (3.5% under current law).

### Details:

**Participating Entity:** Group Practice (defined by TIN).

**Length of Participation Agreement:** Five years with off ramps.

**Attribution:** Any Medicare beneficiary receiving an imaging service during the program year. Annual preventive care screenings would be excluded.

**Benchmark:** Medicare spending per beneficiary in a base year for imaging services. Adjusted (and re-adjusted) for the number of attributed beneficiaries in a program year. Risk adjusted for beneficiary characteristics associated with higher/lower imaging costs. The benchmark would be inflation adjusted and would transition over time from a blend of practice and regional peer performance to peer performance.

Agreement Period 1	Period 2	Period 3
50% Your Historic Perf 50% Regional Peer Perf	25% Historic 75% Regional Peer	0% Historic 100% Regional Peer

**Quality Metrics:** Would consist of both existing relevant diagnostic radiology measures and an appropriate use metric. The existing metrics would include (i) appropriate follow-up imaging for incidental abdominal lesions; (ii) appropriate follow-up imaging for incidental thyroid nodules; (iii) optimizing exposure to ionizing radiation; and (iv) utilization of dose lowering techniques for adult CT. The Appropriate Use Criteria Measure would require radiologists to utilize computerized decision support appropriate use guidance on a portion of imaging exams and provide educational feedback to the ordering clinicians. This would be de-linked from the claims payment process.

**Shared Savings/Loss Rate Bands:** There would be a 2% de-minimus corridor and then 50% shared savings/losses up to 5%, and increased shared savings thereafter with limits on downside risk.

	<b>=/- 2% of Benchmark</b>	<b>+/- 2.5%</b>	<b>+/- 5-10%</b>	<b>+/- 10-15%</b>	<b>+/- 15-20%</b>
Shared Savings Rate	0/100%	50/50%	60/40%	70/30%	80/20%
Shared Loss Rate	0/100%	50/50%	40/60%	30/70%	20/80%

**Participation Incentive:** Current law provides a 3.5% Medicare Physician Fee Schedule bonus for providers in Advanced Alternative Payment Models (AAPMs). Participants in this program would receive the same or a similar incentive payment.

The Radiology Business Management Association  
 11166 Fairfax Blvd.  
 Suite 500  
 Fairfax, VA 22030

Robert Still  
 Executive Director  
 Bob.still@rbma.org  
 www.rbma.org