

Update on the Oncology Care Model

Where are we now?

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ACCC MEMBER PRACTICES

Andrews & Patel Associates, P.C.
Arizona Cancer Center
Clearview Cancer Institute
Essex Oncology of North Jersey
Lancaster Cancer Center, Ltd.
Nebraska Cancer Specialists
Stuart Oncology Associates
The START Center for Cancer Care
Ventura County Hematology & Oncology Specialists
Abington Hematology Oncology Associates, Inc.
Advocate Christ Medical Center Cancer Institute
Albert Einstein Healthcare Network, Cancer Center
Alliance Cancer Specialists
Arizona Oncology Associates, PC
Association of Northern California Oncologists
Banner MD Anderson Cancer Center
Bon Secours Cancer Institute, St. Mary's Hospital
Cancer & Hematology Centers of Western Michigan
Cancer Centers of Southwest Oklahoma, LLC
Cancer Specialists of North Florida
Carol G. Simon Cancer Center at Overlook Hospital Medical Center
Carolina Blood & Cancer Care Associates
Centra Health, Alan B Pearson Regional Cancer Center
CHRISTUS St. Vincent Regional Cancer Center
Cleveland Clinic Foundation, Taussig Cancer Center
Emerald Coast Oncology and Hematology Associates, PA
Epic Care

Essentia Health Cancer Center
Florida Cancer Specialists
Fort Wayne Medical Oncology & Hematology, Inc.
Fox Valley Hematology & Oncology, SC
Froedtert Clinical Cancer Center
Greenville Health System, Seneca Cancer Center
Harbin Clinic, LLC
Hematology-Oncology Associates of CNY, PC
Hematology-Oncology Associates of Fredericksburg, Inc.
Henry Ford Health System, Josephine Ford Cancer Center
Illinois Cancer Specialists
Illinois CancerCare, PC
Ironwood Cancer & Research Centers, a Division of
Ironwood Physicians, PC
Lahey Clinic, Sophia Gordon Cancer Center
Lancaster General Hospital
Lancaster Hematology Oncology
Medical Oncology and Hematology Associates
Memorial Healthcare System, Memorial Cancer Institute
Methodist Healthcare Cancer Center
Mid-Florida Hematology and Oncology Centers, P.A.
Montgomery Cancer Center - Alabama
Mount Sinai Medical Center, The Derald H. Ruttenberg Treatment Center
New England Cancer Specialists

Commercial Payers

- Aetna
- Blue Cross Blue Shield of Michigan/Blue Care Network
- BlueCross BlueShield of South Carolina
- Capital BlueCross, Inc.
- Cigna Life & Health Insurance Company
- EmblemHealth
- Health Alliance Plan
- Health Care Services Corporation
- Highmark, Inc.
- Priority Health
- SummaCare
- The University of Arizona Health Plans
- UPMC Health Plan
- VIVA Health, Inc.

OCM Timeline

Milestone	Date
OCM Program start date	July 1, 2016
Baseline Feedback Report (Jan-March 2016)	Sept 2016
OCM Practice Transformation Plan	Sept 30, 2016
Q1 and Q2 OCM Quality & Clinical Data reporting	Feb 28, 2017
Q1 Feedback Report and claims-level data (July-Sept 2016)	March 2017
Q2 Feedback Report and claims-level data (Oct-Dec 2016)	June 2017
Performance Period 1 concludes (Episodes ending June 30)	June 30, 2017
Q3 Feedback Report and claims-level data	Sept 2017
Deadline to elect 2-sided risk for Jan 1, 2018 = Advanced APM = no MIPS	Oct 1, 2017
Performance Period 1 Beneficiary Attribution	Oct-Nov 2017
Q4 Feedback Report and claims-level data	Dec 2017
Performance Period 2 concludes (Episodes ending Dec 31)	Dec 31, 2017

OCM Timeline (cont.)

Milestone	Date
Performance Period 3 commences	Jan 2, 2018
Initial PBP Reconciliation Performance Period 1	Feb 2018
1 st PBP Reconciliation True Up Performance Period 1	Aug 2018
2 nd PBP Reconciliation True Up Performance Period 1	Feb 2019
Performance Period 1 PBP payment	March 2019

Upcoming Milestones

- August 31st** Cost Resource Utilization (CRU) survey deadline (Jul 2016 – Jun 2017)
- August 31st** OCM Participants receive Q3 feedback reports (Jan – Mar 2017)
- October 1st** Deadline to elect two-sided risk and avoid MIPS in 2018
- October 12th** Quarterly clinical and quality data reporting deadline
- October 26th** CMS provides list of beneficiaries attributed to OCM to practices for reconciliation

One Year In: Where Are We?

- Practices now have Q3 claims data and, unlike Q1 and Q2, it's cumulative (much more user friendly). However, **understanding the claims data** – let alone using it for quality improvement – continues to be #1 challenge for OCM practices.
- Practices are largely **still in the dark about target prices** – we won't know historical baseline costs until CMS does PBP calculations in February 2018. Very few practices understand how their actual claims are tracking against target prices (i.e. how they'll do on PBPs).
- There have been some automation improvements to the OCM registry in which OCM participants enter clinical and quality data, but this is still largely a manual, laborious process. Much of the **data required is not readily accessible** by OCM participants (in their EMR or otherwise). Most OCM practices have identified someone to do data extraction and entry, but this required many practices to hire a data administrator (which may or may not have been budgeted).

One Year In: Where Are We? (cont.)

- In October, CMS will release the **list of beneficiaries they have attributed** to the OCM for each practice. Will this list be consistent with what practices have been recording as their OCM beneficiaries (and billing episodes for)? Early discoveries from some quarterly claims data review suggests there will be discrepancies – potentially significant discrepancies. We may see MEOS payment recoupment at PBP reconciliation in early 2018.

OCM Data Files

# Files	Content
1	Beneficiary Level file - lists members attributed to practice
3	Part A - Hospital Inpatient claims files
2	Part A - Home Health Services claims files
3	Part A - Skilled Nursing Facility claims files
2	Part A - Hospice claims files
2	Part B - Physician/Carrier Claims files
2	Part B - Durable Medical Equipment Claims files
3	Part B - Hospital claims files
1	Part D - Drug Claims file
1	Substance Abuse and Mental Health (SAMH) Excluded Claims Summary

Some Key Takeaways

- This model is time consuming, labor intensive and requires staffing up.
- Quality measure and clinical data reporting requirements are overbearing, and require manual collection and reporting to OCM registry.
- Claims data files are difficult to interpret and not organized to inform practices about episodes.
- Little to no understanding if practices are on target to earn any PBP.
- Pricing methodology is complex, many covariates, one big black box.
- Deferred gratification; we won't have first glimpse into PBP calculations until Feb. 2018.
- So much of practices' success in the OCM is based on the EMR platform they use.
- Not just about the services the practices are providing, but success hinges on practices' ability to *report* the requirements in the format CMS is requesting.

ACCC OCM Collaborative



ACCC Oncology Care Model
Collaborative Workshop & Reception
at the ACCC 34th National Oncology Conference

October 17 - 18, 2017
Nashville, Tennessee

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