

Oncology Issues



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Payer-Oncologist Relationships: Recommendations for Improvement

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Payer-Oncol Recommend

by Cary A. Presant, M.D., and Mar

found out which plans benefited the practice and which ones didn't," said Goermar.

KNOWING WHEN TO REFUSE A CONTRACT

Increasingly cancer care providers everywhere are taking a stand and "just saying no" to managed care contracts and their unreasonable terms. While this tactic is not for everyone in every situation, a physician practice or cancer center must have the tools to know when to refuse a contract. The following tips will help cancer care providers optimize their contract negotiation skills.

Before negotiations commence, cancer care providers must have invested in information systems that project future revenues, costs, and volume in specific managed care populations. These systems can help to compare one's actual costs to the rates offered in the contract. If providers don't know what their cost is by procedure code, they may be accepting contracts that will eventually drive them out of business.

Next, it will be important to study the competition and how a physician practice or cancer center rates against it. Providers will need to highlight state-of-the-art treatment, better outcomes, access to clinical trials, and other competitive advantages to justify why managed care entities should pay them a premium rate over the competition.

Providers should also establish procedures for streamlining deliberations and facilitating consensus among decision makers. Large provider organizations may want to limit the number of decision makers to a subset of physicians and administrative managers who review contracts and data and then present analytic results to the rest

of the group. In addition, benchmarks for procedure codes and drug pricing that predetermine financially unacceptable levels of reimbursement should be instituted. These actions will limit time spent on discussion and reduce the potential for poor decision making.

When sitting down to review the contract, decision makers should heed the following checklist:

Beware of gag clauses and other restrictions. Some plans have contract provisions that preclude speaking with patients about treatment options and plan payments. Be on the lookout for such provisions. Also, scrutinize requirements for utilization management, such as the complexity of the referral or authorization process and whether patients will have access to clinical trials. Be aware of any formulary restrictions on drugs.

■ Pay attention to small but important details. Will fees be adjusted for changes in the medical cost of living? How much documentation will be required to bill for off-label indications or for drugs with no code (J9999)?

■ Negotiate a better deal. Many cancer care providers feel compelled to accept whatever is put on the table and do not negotiate a better price. Not all payers are prepared to negotiate, but it is better to try to do so before walking away.

Ultimately, those cancer care providers able to elicit a loyal following among their patients will gain the most leverage in negotiating managed care contracts. As cancer patients become more educated health care consumers, they are demanding a greater voice in how their treatment is delivered. Patients want to see their care givers taking a stand against quality-of-care restrictions brought on by managed care companies.

ntil recently, much of the public dialogue concerning managed care has focused on health maintenance organizations and their intensive degree of case management. HMOs have received most of the attention largely due to the close scrutiny with which their utilization review committees and medical directors manage oncology treatment and their methods for capitating oncology services. Today, however, most thirdparty payers, including private insurance companies, preferred provider organizations, Medicare, and even state Medicaid agencies, are joining HMOs in asserting their control over the medical management of patients to reduce health care costs. Increasingly all third-party payers are managing care more intensely with stringent pretreatment authorizations; frequent denials for standard, new, or investigational drugs; and restrictions on referrals to specialists.

Over the past five years, oncologists in California have gained considerable experience in the state's booming managed care market. Types of agreements with HMOs and other payers range from discounted fee-for-service relationships to more extensive

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The Association of Community Cancer Centers is the premier policy-setting organization for the cancer care team and is uniquely positioned to provide valuable information and networking opportunities to its diverse membership. Members include the entire cancer care team: medical and radiation oncologists, surgeons, cancer program administrators, medical directors, oncology nurses, oncology social workers, cancer program data managers, as well as others involved with cancer care delivery.

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Community Cancer Center/Aff. of Rush Health Kankakee

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St. Margaret s Hospital
Spring Valley

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Trinity Medical Center-East Campus Rock Island

United Samaritans Medical Center Cancer Center of Danville Danville

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Community Hospitals Indianapolis Regional Cancer Center Indianapolis

Deaconess Hospital, Inc.
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Evansville

Memorial Hospital of South Bend Memorial Regional Cancer Center South Bend

Methodist Hospital of Indiana, Inc. Methodist Cancer Program Indianapolis

The Methodist Hospitals, Inc. Regional Cancer Center

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Muskegon

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Cancer Program at St. Joseph's Hospital

United Healthcare System

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St. Joseph Medical Center St. Joseph Regional Cancer Center

University of New Mexico Cancer Center Cancer Research & Treatment Center

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University Medical Center SUNY/University Cancer Center at Stony Brook

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Alamance Regional Medical Center Alamance Cancer Center Burlington Carolinas Medical Center

Harris Regional Hospital Mountain Regional Cancer Center Svlva

Iredell Memorial Hospital Cancer Program of Iredell Memorial Statesville

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Hematology Clinic Hematology Clinic Oncology Center

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Cancer Care Center

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St. Joseph Hospital Cancer Program

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Cancer Center

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Columbia Reston Hospital Center Reston

Eastern Virginia Medical School Tidewater Regional Cancer Network

HealthSouth Medical Center HealthSouth Cancer Center

James River Clinic/Riverside Reg. Medical Center

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Loudoun Healthcare, Inc. Loudoun Cancer Care Center

Mary Washington Hospital Cancer Center of Virginia Fredericksburg

Roanoke Memorial Hospitals Cancer Center of Western Virginia Rockingham Memorial Hospital

RMH Regional Cancer Center Sentara Norfolk General Hospital Sentara Cancer Institute

Norfolk Southside Regional Medical Center Southside Regional Cancer Treatment Center

Virginia Baptist Hospital Cancer Program Virginia Beach General Hospital

Coastal Cancer Center Virginia Beach WASHINGTON

Affiliated Health Services

North Puget Oncology Cancer Care Centers

Deaconess Medical Center-Spokane **Deaconess Cancer Center**

Evergreen Hospital Medical Center Evergreen Cancer Center

Good Samaritan Hospital Cancer Care & Research Center

Multicare Health Systems Multicare Regional Cancer Center Sacred Heart Medical Center

Sacred Heart Cancer & Research Cente Southwest Washington Medical Center Cancer Center of SW Washington

St. Joseph Hospital Community Cancer Program

St. Joseph Medical Center St. Joseph Cancer Center

St. Mary Medical Center

St. Mary Regional Cancer Center Stevens Memorial Hospital **Puget Sound Tumor Institute**

Virginia Mason Medical Center Virginia Mason Cancer Center

WEST VIRGINIA

Camden-Clark Memorial Hospital Community Comprehensive Cancer Center

Charleston Area Medical Center Cancer Care Center of Southern WV

St. Mary's Hospital Tumor Conference

United Hospital Center United Cancer Center Clarksburg

WISCONSIN

Covenant Healthcare System, Inc. Covenant Cancer Care

Gunderson/Lutheran Medical Center La Crosse

Marshfield Clinic Marshfield Cancer Center

Saint Nicholas Hospital Sheboygan

St. Elizabeth Hospital Comprehensive Cancer Center

St. Luke's Medical Center Cancer Center

St. Vincent Hospital Regional Cancer Center

Waukesha Memorial Hospital, Inc. Regional Cancer Center

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capitated arrangements. To survive, many California oncologists have had to work with payers to develop beneficial contracting arrangements that ensure coverage for drugs, services, and procedures and guarantee patient access to state-of-the-art, quality care.

In time, oncologists everywhere will face the challenges of managed care contracting with multiple payers. The techniques used by physicians of the Medical Oncology Association of Southern California and the California Cancer Medical Center may help others to improve their skills in contracting for oncology services.

A MUTUAL MISSION

Contracting for oncology services brings together previously disparate subcultures within the world of health care—those providing quality care for patients and those involved in controlling its cost. Both oncologists and contracting entities tend to view themselves as rightful guardians of one subculture and their counterparts as overzealous protectors of the other, often to the point of excess. Successful contracting that benefits everyone—patients, physicians, and payers—cannot occur with these presumptions in place. Ultimately, oncologists and managed care organizations must recognize that their responsibilities are the same—to deliver cost-effective, quality care to patients.

There are several steps oncologists can take in working with managed care companies to develop mutually beneficial strategies in caring for patients.

Initiate contact with payers.
Oncologists should meet with those managed care representatives

involved in negotiating contracts to become familiar with their individual responsibilities and the criteria upon which they base decisions. Similarly, oncologists should apprise payers of their medical background, including the history of their practice, oncology network, or other affiliation and its mission, goals, and objectives. These efforts will help build respect among individuals involved in negotiations on both sides and help dissolve pre-existing prejudices.

Document areas of agreement on past issues. Oncologists should provide examples of their own successful interactions with medical directors, managed care "gatekeepers," or insurance companies. Recognizing these positive, historical outcomes establishes a foundation upon which future decisions and compromises can be made.

Voice a commitment to quality. Oncologists must maintain their position of providing quality care to patients by consistently appealing to payers when specific treatment or reimbursement scenarios are excluded from contracts.

Provide payers with objective, supporting documentation. When disagreements over restrictive managed care policies arise, oncologists must be able to provide evidence that supports their arguments. Sources of documentation include:

- Studies published in national, peer-reviewed literature
- Citations from the standard reference compendia
- Oncology care guidelines and standards published by national oncology-related associations and state societies. Also, documenta-

tion of preferred policies and procedures instituted by other oncology groups or networks.

Collaborate with colleagues through membership in national and state organizations. National oncology-related associations and state oncology societies provide forums for transforming the separate voices of oncologists into an influential coalition. Approaching managed care organizations as part of a united front will yield more productive dialogue than splinter groups of physicians making the same case over and over again. In addition, physicians should confer with members of these organizations about ongoing points of disagreement with payers to gain additional input and strategies to use in the next round of contract negotiations.

Despite physicians' best efforts, unresolved issues will persist. However, continued negotiation between oncologists and payers is the only means of transforming initial resistance into favorable outcomes. In some cases, payers have agreed to physician-initiated pilot programs that test strategies before formally consenting to them. Developing these programs allows physicians and payers to capture data that will ultimately justify decisions about quality outcomes and cost containment issues.

Not all issues result in solutions that are favorable to oncologists. However, when physicians and payers can agree to work on those issues that remain unresolved, real progress occurs, along with a greater likelihood of those and future issues reaching acceptable conclusions.