Oncology Care Model
FAQs and Applications

April 22, 2015

http://innovation.cms.gov/initiatives/Oncology-Care/

OncologyCareModel@cms.hhs.gov
Oncology Care Model (OCM) Overview

Practice Transformation
Physician practices that participate in OCM are required to transform their practices to improve the quality of care they deliver.

Episode-Based
Total cost of care payment model initiates with chemotherapy treatment and includes all medical services during the following 6 months.

Multi-Payer Model
Medicare FFS and other payers work in tandem to support practice transformation across the patient population.
Practice Participants
Which practices can participate in OCM?

Eligible participants include:

• Physician group practices and solo practitioners that furnish chemotherapy
• Multi-specialty practices
• Hospital*-owned practices and provider-based departments
• Practices that partner with hospital outpatient departments for chemotherapy infusion services

*Hospital must be paid under Medicare outpatient/inpatient prospective payment system
Are there any practices that cannot participate in OCM?

Not Eligible:

- PPS-exempt hospitals and affiliated practices
- Critical Access Hospitals (CAHs)
- Federally qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Maryland hospitals and physician practices

*Due to the differences in their payment structures, entities that are not paid off of Medicare’s OPPS/IPPS are not eligible to participate in OCM.*
Must all sites of a multi-site practice participate in the model?

Yes, all sites that bill under the applicant’s TIN must participate.

If the practice wishes to include sites that bill under a different TIN, those TINs need to submit their own LOIs and applications.
What overlap is permissible between OCM and other CMS programs?

Innovation Center Models

- Participation in certain shared savings programs and OCM is allowed
  - Examples: Pioneer Accountable Care Organizations (ACOs), Medicare Shared Savings Program (MSSP), Comprehensive Primary Care Initiative (CPC)

- Participation in Transforming Clinical Practice Initiative (TCPI) and OCM is not allowed

Care Management Payments

- Chronic Care Management (CCM) and Transitional Care Management (TCM) services: Practices that bill the OCM PBPM cannot also bill for CCM or TCM services in the same month for the same beneficiary.
OCM Episodes
How is an episode of care triggered?

Episodes trigger with a Part B chemotherapy administration claim or Part D chemotherapy claim and an ICD-9 code for cancer.

- Inpatient chemotherapy will NOT initiate an OCM episode.
- Beneficiaries already receiving chemotherapy treatment when OCM begins will be included in the model.
- Beneficiaries may initiate multiple episodes during the five-year model performance period.
Will any services be excluded from OCM episodes?

No. All Medicare Part A and B (and certain Part D) expenditures will be included in the total cost of care during OCM episodes.

• Examples include but are not limited to:
  o Inpatient costs
  o Post acute care services
  o Drugs, labs, and imaging
  o Surgery
  o Radiation therapy
  o Clinical trials
What cancer types will be included in OCM?

OCM-FFS includes nearly all cancer types.

• Includes all cancer types treated with non-topical chemotherapy
• Appendix D of the RFA lists all drugs that trigger an OCM episode

Exclusions

• Cancer types treated exclusively with surgery, radiation, or topical chemotherapy are excluded
When are practices required to meet the six practice requirements?

Practices must meet the six practice requirements by the end of the first quarter of the first performance year.

(1) Provide 24/7 access to a clinician with patient’s medical records
(2) Use ONC-certified EHR
(3) Use data for quality improvement
(4) Provide core functions of patient navigation
(5) Document IOM care plan
(6) Use therapies consistent with clinical guidelines
Practices will report to CMS quarterly.

- To the extent possible, CMS will use existing data and reporting systems to minimize the reporting burden on practices

- CMS will issue quarterly feedback reports detailing practices performance in OCM
OCM Payments
How will OCM payments be made?

Standard Medicare FFS payments will continue during OCM episodes. In addition, OCM incorporates two new model payments:

(1) Funding for enhanced care management services
   • OCM provides $160 per-beneficiary-per-month payment for all Medicare FFS beneficiaries in model
   • Practices bill Medicare using a G-code created specifically for OCM

(2) Performance-based payment
   • OCM provides semi-annual lump-sum performance-based payments
   • OCM performance-based payments are determined by practices’ reductions in expenditures below a target price, and their performance on quality measures
How are benchmarks calculated, and when will practices know their benchmarks?

Benchmarking will be based on historical Medicare expenditure data.

- Based on both practice data and regional/national data as necessary to increase precision
- Risk adjusted, adjusted for geographic variation
- Trended to applicable performance period
- Trend factors will represent national trends in expenditures

CMS will make benchmark prices and other baseline data available prior to practices signing participation agreements.
How will performance-based payments be calculated?

1) CMS will calculate **benchmark** episode expenditures for participating practices
   - Based on historical data
   - Risk-adjusted, adjusted for geographic variation
   - Trended to the applicable performance period

2) A discount will be applied to the benchmark to determine a **target price** for OCM-FFS episodes
   - Example: Benchmark = $100 → Discount = 4% → Target Price = $96

3) If **actual** OCM-FFS episode Medicare expenditures are **below target** price, the practice could receive a performance-based payment
   - Example: Actual = $90 → Performance-based payment up to $6

4) The amount of the performance-based payment may be reduced based on the participant’s achievement and improvement on a range of **quality measures**
How will CMS account for the cost of new technologies?

CMS is aware of the significant clinical and cost implications of novel breakthrough therapies.

• We do not wish to penalize practitioners for providing state-of-the-art care.

• Specific methodologies to account for new technologies in OCM episode pricing will be available prior to practices signing agreements.
What risk arrangements are offered in OCM?

One-sided risk

- All model participants in Years 1 and 2
- Participants are NOT responsible for Medicare expenditures that exceed target price
- Medicare discount = 4%

Two-sided risk

- Model participants can elect two-sided risk beginning in Year 3
- Participants are responsible for Medicare expenditure that exceed target price
- Medicare discount = 2.75%

All practices must qualify for performance-based payment by end of Year 3.
Application and Payer Participation
How will practices know what payers may participate in OCM?

The list of payers who submitted LOIs and agreed to public posting is currently available on the OCM website.

- 48 payers submitted LOIs
- Considerable geographic diversity among payers
- Payers are including many different lines of business

*CMS strongly encourages practices and payers to communicate during the OCM application period and coordinate their OCM participation.*
Where are potential OCM payers located?
Is applying with other payers a requirement for practices?

No, but it is strongly encouraged.

- Participating in OCM with multiple payers allows for broader practice-level support for transformation.
  - Accordingly, participation with other payers is worth 30 (of total 100) application points.

- Practice applications must include a letter of support from each partnering payer.
Must applicants submit LOIs in order to apply for OCM?

Yes. Payers and practices who wish to apply for participation in OCM must first submit a non-binding LOI.

Payer LOI Deadline: 5:00pm EDT on April 9, 2015

Payers who agreed to public posting are listed on OCM website now

Practice LOI Deadline: 5:00pm EDT on May 7, 2015

Practices agreeing to public posting will be listed on OCM website on 5/14

LOI forms are available for download on the OCM website and should be submitted by email to the OCM inbox: OncologyCareModel@cms.hhs.gov
How do payers and practices access the web-based application?

ALL applications are due by 5:00 pm EDT on June 18, 2015

• Applications must be completed online using an authenticated web link and password, which will be emailed to POCs listed on LOIs

   Notify CMS at OncologyCareModel@cms.hhs.gov if your POC changes prior to receiving the application link

• Application templates are available on the OCM website

   For reference only – CMS will not accept these templates for application submission

• Payers and practices apply separately

   Practices must submit letters of support from payers with whom they wish to participate in OCM, and payers must list practices with whom they wish to participate
Sample OCM Practice Application

OCM Practices Application

Contact Information

*All fields are required at the time of application submission, except where noted*

Practice Name: OCM Temp Payer Organization
Taxpayer ID Number (TIN) Type: SSN
TIN: 414554545
Fiscal Year Start:
Month: July
Day: 1
Fiscal Year End:
Month: June
Day: 30

POC First Name: Lamont
POC Last Name: Sanford
POC Title: Executive Director
POC Address: 123 Water Street
POC City: Baltimore
POC State: Maryland
Phone: 202-655-1212
POC Email: bob.bowes@buanconsulting.com

If you need to update the POC email address, please contact the program team here.
In what setting(s) do patients under the care of the practice receive chemotherapy? Check all that apply, including sites to which the practice refers patients for chemotherapy.

- [ ] Hospital outpatient department (on campus)
- [ ] Hospital outpatient department (off campus, including all facilities and organizations with provider-based status)
- [x] Hospital inpatient unit
- [x] Physician’s Office
- [ ] Patient self-administered
- [ ] Other - List the setting(s) where the practice furnishes oncology care:

Remaining characters: 200 (total allowed characters: 200)
Alternative Billing Arrangements

OCM Practices Application

Care Settings

Alternate Billing Arrangement(s)

If chemotherapy is administered or billed in any of the settings above under a TIN or CMS Certification Numbers (CCN) other than the applicant’s, please specify the TIN(s) or CCN(s) below. Please also describe the circumstances under which the chemotherapy would be administered or billed under each TIN or CCN.

For example, CMS understands that certain physician practices partner with hospital-based entities for the administration of IV chemotherapy and/or may have alternative billing arrangements for physician and chemotherapy infusion services aside from billing these services under the applicant’s TIN. Such arrangements should be described below.

<table>
<thead>
<tr>
<th>TIN/CCN</th>
<th>Description</th>
<th>Edit</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>122121</td>
<td>test exp</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>123654</td>
<td>This is a CCN test</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>454545</td>
<td>This is a new test gg</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>465446</td>
<td>Test desc.</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>122222222</td>
<td>This is a test</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>258741369</td>
<td>This is a test</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>343434343</td>
<td>New explanation</td>
<td>Edit</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Showing 1 to 7 of 7 entries

E & M Billing
Under what TIN/CCN do practitioners at the applicant practice bill E&M codes? Check all that apply.

- Applicant TIN
- Other TIN
- Facility CCN

If you selected more than one response for the question above, please describe the circumstances under which an E&M code would be billed under each selected option.


OCM aims to primarily target transformation of physician-led practices. For hospital-owned or affiliated practices, including provider-based departments, please describe how the applicant practice is a unique entity within the larger institution.

Pooling

**OCM Practices Application**

Indicate whether the practice requests to have its data pooled with other applicant practices for purposes of benchmarking and performance payment, and with which other practices the applicant practice is requesting to have its data pooled for these purposes.

The ability to pool with other practices is dependent on their selection for OCM-FFS participation. Practices may request a change to their benchmarking pool prior to the start of the first performance year (at a date that will be specified in the participant agreement).

*If the practice is not requesting to have its data pooled with that of other participating practices, skip this question.*

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Practice TIN</th>
<th>Edit</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBMC</td>
<td>212121666</td>
<td>Edit</td>
<td>Remove</td>
</tr>
<tr>
<td>GBMC</td>
<td>343434343</td>
<td>Edit</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries.

Why did the practice choose to pool with the listed practice(s) for benchmarking purposes?

This is a test.

Remaining characters: 1985 (total allowed characters: 2000)
Practice Revenue

OCM Practices Application

[Application ID: OCM-00015  Status: In Progress]

Provide information in the following tables about the practice's patients and revenue by payer for the practice's fiscal years 2012, 2013, and 2014.

List all revenue (insurance and copayments) generated by services furnished to patients covered by all payers. Complete for all payers for which the practice received payment for furnishing health care services. Active patients are defined as those who received a billed service from the practice in the specified year. **Do not count patients for more than one primary payer.**

Use the practice's billing system or billing vendor to generate this information. Indicate whether the practice is applying to OCM in participation with each payer, other than Medicare Fee-For-Service (FFS), and whether the practice is including a letter of support from each payer.

### Medicare FFS

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No. of Active Patients</th>
<th>Total No. of Active Cancer Patients</th>
<th>No. of Active Cancer Patients Treated with Chemotherapy</th>
<th>Percent of Total Practice Gross Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Medicaid/CHIP FFS

### Commercial Payer-including Medicaid Managed Care

### Tricare

### Self-Pay Patients
### Implementation Information

**Explain the nature of any financial relationships the practice has or expects to have with other health care providers and suppliers related to its participation in OCM.**

Test 1fdffdf

Remaining characters: 4988 (total allowed characters: 5000)

**Describe any items or services outside of standard Medicare FFS benefits that the practice may wish to offer OCM-FFS beneficiaries during the model performance period.**

Test 2sfdfs

Remaining characters: 4989 (total allowed characters: 5000)

**Are there quality measures not already included in the RFA that are particularly useful in documenting cancer care and therefore should be incorporated into OCM-FFS? If so, explain.**

Test 3adfsa

Remaining characters: 4989 (total allowed characters: 5000)

**Are there risk adjustment factors that should be included in this model that are not captured in Medicare claims data? If so, explain.**

Test 4

Remaining characters: 4994 (total allowed characters: 5000)
Narrative Attachments

Attach the Implementation Plan Narrative, Financial Plan Narrative, and Diverse Populations Narrative below. Instructions for completing these documents are in Table 1 of the RFA, [OCM RFA Instructions](#). Please submit all attachments as PDFs.

- Implementation Plan Narrative, as described in Table 1 of the RFA (limit 15 pages) [Completed]
- Financial Plan Narrative, as described in Table 1 of the RFA (limit 4 pages) (limit 15 pages) [Completed]
- Diverse Populations Narrative, as described in Table 1 of the RFA (limit 2 pages) [Completed]

Narrative

- `Implementation_Firefox_Setup.exe` [Remove]
- `Financial_FSA_Enrollment_Instructions_Guide_and_Coverage_Info_UHC.pdf` [Remove]
- `Diversity_Firefox_Setup.exe` [Remove]
How will practice applications be scored and selected?

**Implementation Plan (40 points)**
- Full description of the practice’s plan for the first 2 OCM performance years, including current and proposed implementation of practice requirements,

**Financial Plan (25 points)**
- Full description of the practice’s financial plan to support the implementation plan for the first 2 OCM performance year years, including use of PBPM payments, expected performance-based payments, and expected payments from other payers

**Participation with Other Payers (30 points)**
- Letters or explanations of support from payers with which practice wishes to participate in OCM

**Diverse Populations (5 points)**
- Practice’s plan to treat and engage diverse and/or underserved populations (including dual eligible beneficiaries) during OCM
When will practices be notified of their selection to participate in OCM?

CMS will notify practices of their selection to participate in OCM in late 2015 / early 2016

• Practices will sign participant agreements with the CMS Innovation Center
• Agreements will include details on benchmarking methodology, quality scoring methodology, and reporting requirements
Contact Information

CMMI Oncology Care Model

OncologyCareModel@cms.hhs.gov

http://innovation.cms.gov/initiatives/Oncology-Care/