

Oncology Care Model FAQs and Applications



April 22, 2015

[http://innovation.cms.gov/initiatives/
Oncology-Care/](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:
 - Inpatient costs
 - Post acute care services
 - Drugs, labs, and imaging
 - Surgery
 - Radiation therapy
 - 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

Practice Requirements



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

How often will practices be required to report data to CMS?

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



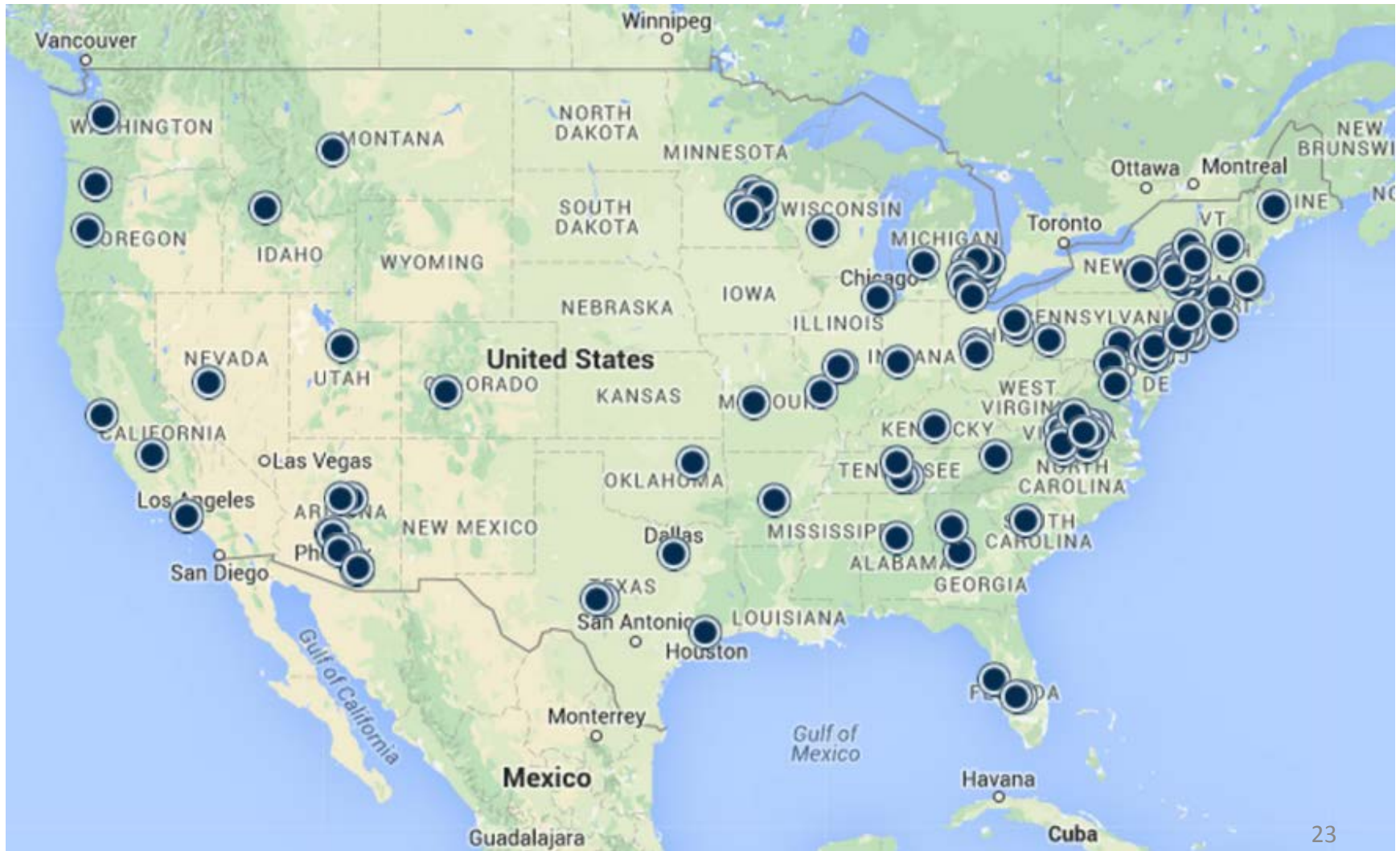
How will practices know what payers may participate in OCM?

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

- General
- Physicians
- Care Settings
- Locations
- Pooling
- Demographics
- Revenue
- Investigations
- Implementation
- Signature Page

Contact Information

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

Practice Name:	<input type="text" value="OCM Temp Payer Organization"/>	POC First Name:	<input type="text" value="Lamont"/>
Taxpayer ID Number (TIN) Type:	<input type="text" value="SSN"/> <input type="button" value="v"/>	POC Last Name:	<input type="text" value="Sanford"/>
TIN:	<input type="text" value="414554545"/>	POC Title:	<input type="text" value="Executive Director"/>
Fiscal Year Start:		POC Address:	<input type="text" value="123 Water Street"/>
Month:	<input type="text" value="July"/> <input type="button" value="v"/>	POC City:	<input type="text" value="Baltimore"/>
Day:	<input type="text" value="1"/> <input type="button" value="v"/>	POC State:	<input type="text" value="Maryland"/> <input type="button" value="v"/>
Fiscal Year End:		Phone:	<input type="text" value="202-555-1212"/>
Month:	<input type="text" value="June"/> <input type="button" value="v"/>	Ext:	<input type="text" value="Ext"/> <small>(optional)</small>
Day:	<input type="text" value="30"/> <input type="button" value="v"/>	POC Email:	<input type="text" value="bob.bowes@buanconsulting.com"/>

If you need to update the POC email address, please contact the program team [here](#).

Save

Care Settings

OCM Practices Application

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

General

Physicians

Care Settings

Locations

Pooling

Demographics

Revenue

Investigations

Implementation

Signature Page

Care Settings

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)
- Hospital inpatient unit
- Physician's Office
- Patient self-administered
- Other - List the setting(s) where the practice furnishes oncology care:

Remaining characters: 200 (total allowed characters: 200)

Save

▶ Alternate Billing Arrangement(s)

▶ E & M Billing

Alternative Billing Arrangements

OCM Practices Application

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

General Physicians **Care Settings** Locations Pooling Demographics Revenue Investigations Implementation Signature Page

▶ 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.

➕ Add TIN/CCN

TIN/CCN	▲ Description	Edit	Remove
122121	test exp	Edit	Remove
123654	This is a CCN test	Edit	Remove
454545	This is a new test gg	Edit	Remove
465446	Test desc.	Edit	Remove
12222222	This is a test	Edit	Remove
258741369	This is a test	Edit	Remove
343434343	New explanatin	Edit	Remove

Showing 1 to 7 of 7 entries

▶ E & M Billing

E & M Billing

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.

Remaining characters: 2000 (total allowed characters: 2000)

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.

Remaining characters: 2000 (total allowed characters: 2000)

Save



Pooling

OCM Practices Application

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

- General
- Physicians
- Care Settings
- Locations
- Pooling**
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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.

➕ Add Practice Record

Practice Name	Practice TIN	Edit	Remove
EBMC	212121666	Edit	Remove
GBMC	343434343	Edit	Remove

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: 1986 (total allowed characters: 2000)

Save Reason

Practice Revenue

OCM Practices Application

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

General Physicians Care Settings Locations Pooling Demographics **Revenue** Investigations Implementation Signature Page

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

[Edit](#)

Medicare FFS

Year	Total No. of Active Patients	Total No. of Active Cancer Patients	No. of Active Cancer Patients Treated with Chemotherapy	Percent of Total Practice Gross Revenue
2012				
2013				
2014				

Medicaid/CHIP FFS

Commercial Payer-including Medicaid Managed Care

Tricare

Self-Pay Patients

Implementation Information

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 1fdffd

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 2sfdfa

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)

Save

Narratives Attachments

Narrative Attachments

OCM Practices Application

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

General Physicians Care Settings Locations Pooling Demographics Revenue Investigations **Implementation** Signature Page

Implementation Information

Narratives 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

Remove

[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/>