

Banner University Medicine

Exploring Payor Partnerships in Oncology Care Models

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Objectives for Payor Partnerships

- Leadership buy-in
- Identify Opportunities for APM/AAPM
 Checklist to review
- Contract Negotiations
- Recognize Quality Compliance
- Quantify Resources/Data Needed
- Evaluate Risk
- Analyze Cost



Program Buy-in

- Administration
 - Willingness to take risk
- Physician/APP
 - Involvement
 - Willingness to make changes
- Staff
 - Process changes
 - Committee membership



Identify Opportunities

- Look at contracts you have
- Identify companies that have Oncology Models
 - CMS/Commercial Companies (UAHP)
 - Oncology Care Model
 - Humana
 - Oncology Model of Care
 - United Healthcare
 - Bundled Payment Model
- Research information for those models
 - Marketing included



Contract Negotiations

- Identify Service Arrangements
 - Do you need to partner with anyone?
 - What services are included in arrangement?
- Tax Identification Number(s)
 - How many TINs will need to be included
- Term of Contract
 - How long is contract?
 - Can you get out of contract?



Recognize Quality Compliance

- Quality Reporting
 - Automated information from EHR
 - Manual abstraction
- Current Data/New Data
 - Collection practice
 - Processes needed



Data Required

- Benchmark data
- How are patients identified and by whom
 Validation of data
- Understanding Data Reporting
 - Format for reporting
 - Frequency of reporting
- Feedback Reporting
 - Validation of information
 - Analytics of information



Model Revenue

- Payment per patient to transform practice
- Increased patient volume
- Shared Savings
 - Percentage of savings based on contract
- Quality Compliance
 - Dollar value assigned to quality compliance
 - Threshold to meet payment
- Combined Savings & Quality Compliance
 - Percentage of savings paid on percentage of quality metrics score



Evaluate Risk

- Types of Risk Arrangement
 - one-sided
 - two-sided
 - cost reduction program
- Patient population
- Services that are included in model



Analyze Cost

- Discreet Fields in EHR
 - information needed for reporting
 - customization through EHR/IT
- Additional resources
 - Level of staffing necessary
 - Manual abstraction
 - Data analytics
- Other services not provided at organization
 - Agreements

