

## ACCC Advocacy at Work

LEAH RALPH



The newest payment model out of the Centers for Medicare and Medicaid Innovation (CMMI) and the first in oncology care, the Oncology Care Model (OCM) is a voluntary, five-year program scheduled to begin in spring 2016. The OCM aims to create incentives to furnish efficient, high-quality care by enhancing services for Medicare Fee-for-Service (FFS) beneficiaries undergoing chemotherapy treatment for cancer—while at the same time lowering the overall cost of care for those beneficiaries. Physician group practices, hospital-based practices, and solo practitioners who provide cancer chemotherapy are eligible to participate and are evaluated based on the cost and quality of care for a six-month episode of chemotherapy administration. The episode is triggered by the administration of a specified list of chemotherapy agents—including IV and oral drugs—and physicians

are held accountable for all Part A, Part B, and some of Part D expenditures for that patient during the episode of care.


There are three layers of payment. In addition to a fee-for-service payment, participating physicians will receive a \$160 per-beneficiary, per-month care coordination payment to improve quality of care, and will also be eligible to receive a performance-based payment that will be the difference between a risk-adjusted target price and actual expenditures during the episode. The performance payment will be contingent on meeting certain quality measures, and will also vary depending on the amount of risk the practice assumes. The payment arrangement is one-sided risk with the option of converting to two-sided risk in the third year of the model; the more risk a practice assumes, the more opportunity there is to share in savings.

Importantly, the OCM also requires a participating practice to meet six practice transformation requirements:

- Provide patient access 24 hours a day/7 days a week to a clinician who has real-time access to the patient's medical records
- Attestation and use of an ONC-certified EMR
- Utilize data to drive Continuous Quality Improvement (CQI)
- Provide core functions of patient navigation
- Document a care plan in accordance with 13 components outlined by the Institute of Medicine (IOM)
- Provide chemotherapy treatment that is consistent with nationally recognized clinical guidelines, such as NCCN or ASCO.

Finally, the OCM is a multi-payer model in which commercial payers and state Medicaid agencies are encouraged to participate. While participating payers may not adhere to the exact payment structure or quality requirements of the OCM, CMS will require they adhere to the principles and goals of the model and hopes that metrics generally align.

Letters of intent (LOI) to participate in the OCM program were due on May 7; applications are due by June 18.

For updates on the OCM program, visit ACCC's recently launched OCM Resource Center at: [www.accc-cancer.org/OCM](http://www.accc-cancer.org/OCM) or email: [ocm@accc-cancer.org](mailto:ocm@accc-cancer.org). 

*Leah Ralph is ACCC manager of provider economics & public policy.*

