



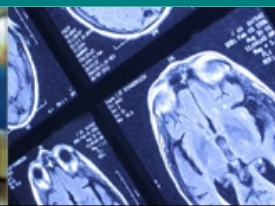
▶ RADIOLOGY



▶ CARDIOLOGY



▶ MEDICAL ONCOLOGY



▶ RADIATION THERAPY



▶ LAB



▶ MUSCULOSKELETAL



▶ SLEEP

Managing Radiation Oncology Quality and Reimbursement with Evidence-based Pathways

September 19, 2011

Overview

CareCore National utilizes research-based clinical expertise to improve quality and reduce inappropriate utilization.

- **Strong, measurable savings across all product lines**
- **Nation's largest Specialty Benefit Management company**
- **Utilizing Innovative Data and Information Technology**
- **Client-Driven, Clinically-Focused and Guaranteed Savings**
- **Certified to provide UM services in all 50 states**

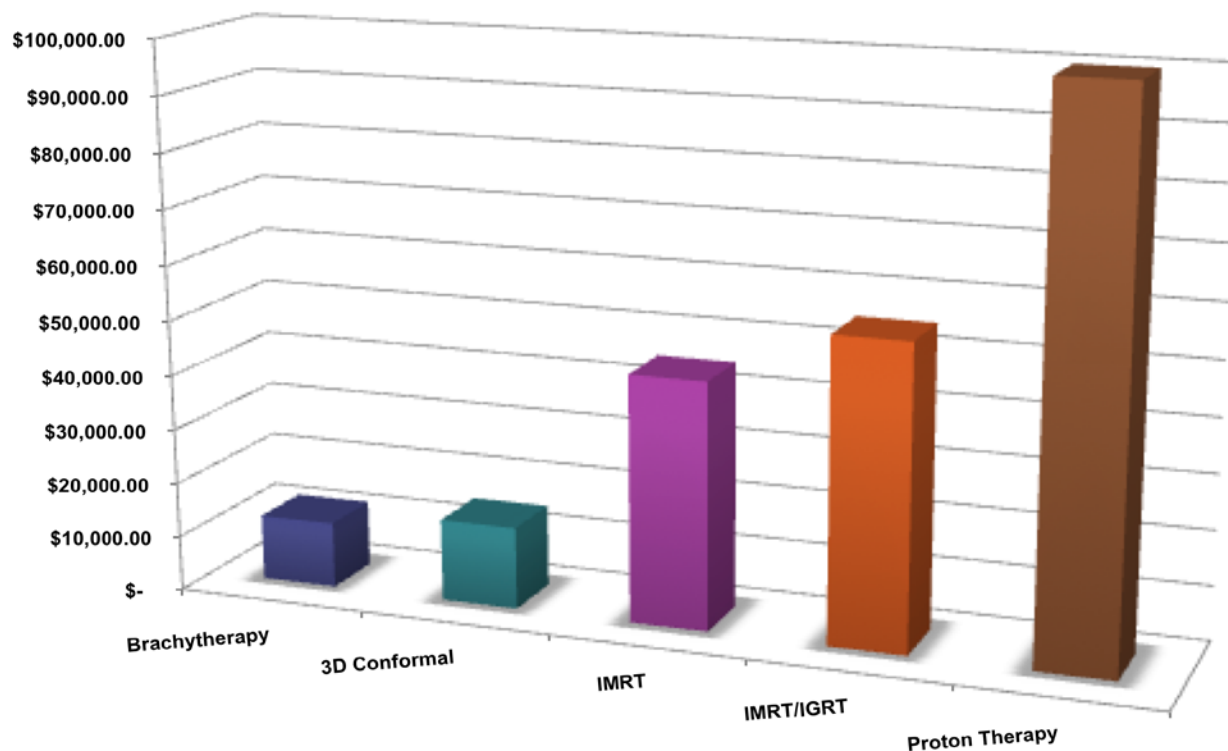


- Cost and utilization are rising rapidly
- Clinical and claims complexities that are poorly understood outside the specialty
- Limited provider network (about 3500 board certified radiation oncologists nationwide)
- Perfect specialty for “episode of care” concept

- Year over year trend:
 - Commercial 14%
 - Medicare 17%
- Episodes of care now in the range of \$50,000 per treated patient; will rise to \$100,000 as new technologies come to market
- Expanded use of IMRT is a significant driver: accounts for 30% or more of total spend

Increasing Cost of Prostate Cancer Treatment

Cost/Episode of Care



**Higher
Reimbursement**

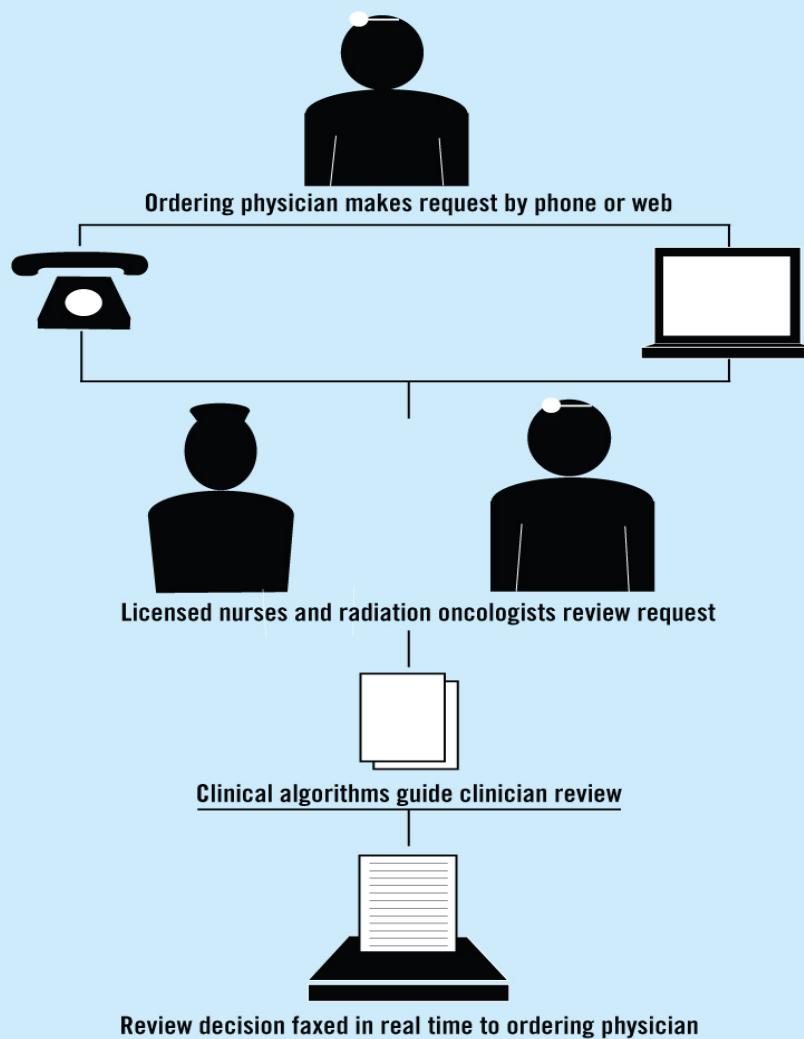
**New
Technology**

**With Limited
or
No Greater
Efficacy
or
Better
Outcome**

The RadCARE™ Approach: How We Manage Radiation Oncology

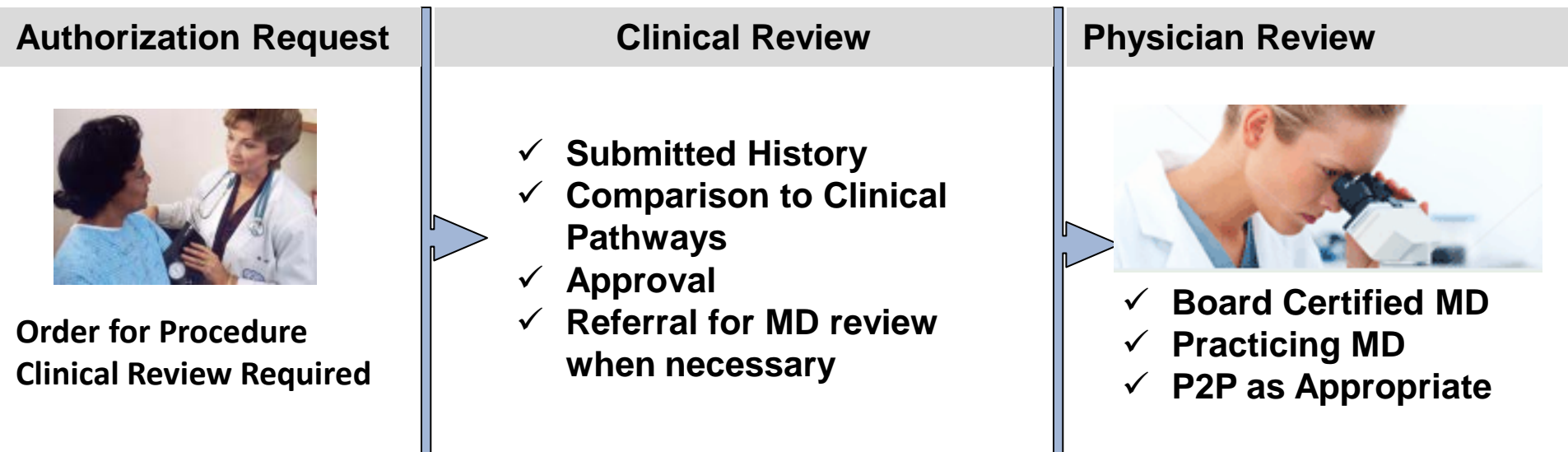
- We collect clinically relevant data from the treatment plan prior to the initiation of therapy
- We compare the treatment plan with guidelines based on the best available literature and existing guidelines (e.g. ACR, ASTRO), directed by our **National Advisory Board of Academic and Community Radiation Oncologists**
- We compare the treatment plan data with the **RadCARE™ reimbursement pathways** based on AMA-CPT reimbursement guidelines
- We create an approved reimbursement structure based on each of the 70+ CPT/HCPCS/REV codes associated with radiation therapy for each **Episode of Care**.

Provider's Perspective



Prior Authorization Overview

Prior Authorization Process



Fundamentals of the Prior Authorization Process

- ☐ Clinical Review
- ☐ Enhanced Identification of the Most Appropriate Care
- ☐ Web/Navinet Availability

Sample Worksheet

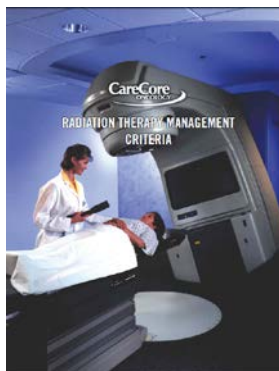
Patient Name:	
Please provide the radiation therapy treatment start date: ____/____/____	
1.	Is the treatment being directed to the primary site (breast)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please submit a request for the metastatic site being treated.
2.	Does the patient have distant metastatic disease (M1 stage)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Please check box indicating the intent of the treatment (Select one only.) <input type="checkbox"/> Adjuvant/prevention of locoregional recurrence <input type="checkbox"/> Treatment of clinically apparent tumor that is asymptomatic <input type="checkbox"/> Palliation of clinically apparent tumor at chest wall/breast
<i>If Palliative go directly to Question #8</i>	
4.	Did this patient receive pre-operative (neo-adjuvant) Chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Please check box to indicate the T-stage (pathologic T-stage if patient has had surgery) <input type="checkbox"/> T1 <input type="checkbox"/> Ductal carcinoma in situ (DCIS) <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> Recurrent
6.	How many axillary lymph nodes are involved? (if unknown, select from below) <input type="checkbox"/> Unknown (no ALND) <input type="checkbox"/> Unknown (clinically involved nodes) <input type="checkbox"/> Unknown (SLN biopsy positive and no ALND)
7.	Please select the patient position/immobilization to be used for the initial phase (Check one only.) <input type="checkbox"/> Alpha cradle <input type="checkbox"/> Breast board/Angle (Tilt) board <input type="checkbox"/> Prone <input type="checkbox"/> Other: _____
8.	Please select the treatment plan to be executed for the initial phase (Select one only.) <input type="checkbox"/> Whole breast <input type="checkbox"/> Chest wall radiotherapy <input type="checkbox"/> Partial breast radiotherapy

CareCore National Pathway Development Universal Pathway Delivery System (UPADS)

New Study or Technology



Criteria Developed by Medical Directors



Criteria Approved by Advisory Committee



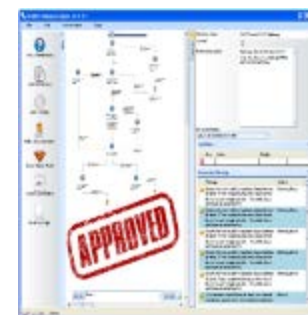
Pathway Created in UPADS



**Health Plan specific Clinical Pathways can be
developed upon request and rapidly deployed**



Pathway Approved by Chief Medical Officer



Regression Testing



Integration Testing



Deployed to Production



Medical Policy Development

Step 1: Action Item Identified

News Article ▪ Specialty Society Publication
Authorization Analysis ▪ Claims Analysis

Step 2: Policy Development and Acceptance

Daily

Literature
Review

Weekly

Core
Clinical
Team

Monthly

Specialty
Consultant
Review

Quarterly

UM
Committee

Step 3: Health Plan Approval and Notice

Health Plan
Review

Custom Policy
Modification

Market Notice

Implementation

Radiation Oncology Program Impact

Audience	Program Impact
Physicians	<u>Minimal</u> <ul style="list-style-type: none"> ▪ No change in Patient Treatment workflow ▪ All data elements already collected ▪ Appropriate reimbursement for appropriate care
Hospitals	<ul style="list-style-type: none"> ▪ Impact to reimbursement ▪ Minimal additional admin burden
Members	<ul style="list-style-type: none"> ▪ <1% of members, subset of CA members ▪ Virtually all members get approved services ▪ Claims/coding impact invisible to member
Employers	<ul style="list-style-type: none"> ▪ Employees receiving Radiation Therapy receive proven treatments ▪ Beneficial impact on premium
Regulators	<ul style="list-style-type: none"> ▪ Medical necessity program ▪ Like specialist reviewers; all board certified and in practice ▪ Members not denied access to care