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
Relevant Issues

- 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
Radiation Oncology Expense and Trend

• 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

With Limited or No Greater Efficacy or Better Outcome

Higher Reimbursement
New Technology
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

Ordering physician makes request by phone or web

Licensed nurses and radiation oncologists review request

Clinical algorithms guide clinician review

Review decision faxed in real time to ordering physician
## Prior Authorization Overview

### Prior Authorization Process

<table>
<thead>
<tr>
<th>Authorization Request</th>
<th>Clinical Review</th>
<th>Physician Review</th>
</tr>
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<tbody>
<tr>
<td>Order for Procedure</td>
<td>✓ Submitted History</td>
<td>✓ Board Certified MD</td>
</tr>
<tr>
<td>Clinical Review Required</td>
<td>✓ Comparison to Clinical Pathways</td>
<td>✓ Practicing MD</td>
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<tr>
<td></td>
<td>✓ Approval</td>
<td>✓ P2P as Appropriate</td>
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<tr>
<td></td>
<td>✓ Referral for MD review when necessary</td>
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### 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:**

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Is the treatment being directed to the primary site (breast)?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td></td>
<td>If no, please submit a request for the metastatic site being treated.</td>
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<tr>
<td>2.</td>
<td>Does the patient have distant metastatic disease (M1 stage)?</td>
<td>☐ Yes ☐ No</td>
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</table>

**Please check box indicating the intent of the treatment (Select one only.)**

- ☐ Adjuvant/prevention of locoregional recurrence
- ☐ Treatment of clinically apparent tumor that is asymptomatic
- ☐ Palliation of clinically apparent tumor at chest wall/breast

*If Palliative go directly to Question #8*

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<tr>
<td>4.</td>
<td>Did this patient receive pre-operative (neo-adjuvant) Chemotherapy?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>5.</td>
<td>Please check box to indicate the T-stage (pathologic T-stage if patient has had surgery)</td>
<td>☐ T1 ☐ Ductal carcinoma in situ (DCIS) ☐ T2 ☐ T3 ☐ T4 ☐ Recurrent</td>
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<tr>
<td>6.</td>
<td>How many axillary lymph nodes are involved? (If unknown, select from below)</td>
<td>☐ Unknown (no ALND) ☐ Unknown (clinically involved nodes) ☐ Unknown (SLN biopsy positive and no ALND)</td>
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<tr>
<td>7.</td>
<td>Please select the patient position/immobilization to be used for the initial phase (Check one only.)</td>
<td>☐ Alpha cradle ☐ Breast board/Angle (Tilt) board ☐ Prone ☐ Other:</td>
</tr>
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<tbody>
<tr>
<td>8.</td>
<td>Please select the treatment plan to be executed for the initial phase (Select one only.)</td>
<td>☐ Whole breast ☐ Chest wall radiotherapy ☐ Partial breast radiotherapy</td>
</tr>
</tbody>
</table>
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

Deployed to Production
Integration Testing
Regression Testing
Pathway Approved by Chief Medical Officer
**Step 1: Action Item Identified**

News Article  ▪  Specialty Society Publication  
Authorization Analysis  ▪  Claims Analysis

**Step 2: Policy Development and Acceptance**

<table>
<thead>
<tr>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
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</thead>
<tbody>
<tr>
<td>Literature Review</td>
<td>Core Clinical Team</td>
<td>Specialty Consultant Review</td>
<td>UM Committee</td>
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**Step 3: Health Plan Approval and Notice**

Health Plan Review  ▪  Custom Policy Modification  
Market Notice  ▪  Implementation
## Radiation Oncology Program Impact

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<tr>
<th>Audience</th>
<th>Program Impact</th>
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<tbody>
<tr>
<td>Physicians</td>
<td>Minimal</td>
</tr>
<tr>
<td></td>
<td>▪ No change in Patient Treatment workflow</td>
</tr>
<tr>
<td></td>
<td>▪ All data elements already collected</td>
</tr>
<tr>
<td></td>
<td>▪ Appropriate reimbursement for appropriate care</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Impact to reimbursement</td>
</tr>
<tr>
<td></td>
<td>▪ Minimal additional admin burden</td>
</tr>
<tr>
<td>Members</td>
<td>▪ &lt;1% of members, subset of CA members</td>
</tr>
<tr>
<td></td>
<td>▪ Virtually all members get approved services</td>
</tr>
<tr>
<td></td>
<td>▪ Claims/coding impact invisible to member</td>
</tr>
<tr>
<td>Employers</td>
<td>▪ Employees receiving Radiation Therapy receive proven treatments</td>
</tr>
<tr>
<td></td>
<td>▪ Beneficial impact on premium</td>
</tr>
<tr>
<td>Regulators</td>
<td>▪ Medical necessity program</td>
</tr>
<tr>
<td></td>
<td>▪ Like specialist reviewers; all board certified and in practice</td>
</tr>
<tr>
<td></td>
<td>▪ Members not denied access to care</td>
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</table>