Oncology Care Model (OCM)
Payer Application Template

Instructions

Thank you for your interest in participating in the CMS Innovation Center's Oncology Care Model (OCM).

T**he PDF version of this application is for reference only**. Applicants that submit a complete, timely LOI will be sent an authenticated web link and password with which to access and submit the electronic version of this application. Only those payers submitting a complete, timely LOI will be eligible to submit an application. Submission of the PDF version of this application will not be accepted.

Each complete application package will be reviewed by a panel of experts from the Department of Health and Human Services, as well as other experts in the areas of provider payment policy, care improvement and coordination, and oncology care.

The payer application package includes the completed Electronic Application Form and the Implementation Plan Narrative.

Refer to the Request for Applications (RFA) on the Innovation Center website http://innovation.cms.gov/initiatives/Oncology-Care/ for further details regarding payer and practice requirements.

ALL APPLICATIONS ARE DUE BY 5:00pm Eastern Daylight Time ON JUNE 30, 2015.

For questions regarding the application process, email OncologyCareModel@cms.hhs.gov.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Application Template

Contact Information

Payer Name:

Year Established:

Corporate Address:

Corporate City:

Corporate State:

Point of Contact (POC) Name:

POC Title:

POC Address:

POC City:

POC State:

POC Phone: Extension:

POC Email:

1. Indicate the payer's lines of business, and state which lines of business the payer is including in this application.

Line of Business	Does the payer have line of business?	Is line of business included in the application for OCM?
Commercial insurance plan		
Medicare Advantage plan		
Medicaid managed care plan		
Medicaid fee-for-service		
State or federal high-risk pool		
TPA/ASO		
Direct purchaser/business		
Other		

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2. Provide state insurance license number, or attach other documentation of license to provide insurance in the state(s) in which payer proposes to implement OCM. Additionally, please include a point of contact at each state's licensing authority.

3. List the practices with which the payer intends to participate in OCM.
Payers may participate in OCM with as many practices as they choose.

Practice Name_____Practice TIN _____

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Implementation Plan Narrative

Operational

1. Describe the payer's interest in and commitment to participating in OCM for its five-year duration. How will the payer's model align with the Innovation Center's? Which cancer type(s) will the payer's model include, and what percentage of the payer's beneficiaries with cancer will be included using each of these cancer types?

2. Describe the payer's plan to enter into agreements (that include the OCM practice requirements) with OCM practices. Describe any additional practice requirements the payer will include in its model.

3. Describe the payer's planned methodology for aligning its members to participating practices. The Innovation Center's beneficiary alignment methodology is described in section II.F. of the RFA. Payers may use the same methodology as the Innovation Center, or develop their own.

4. Describe any non- fee-for-service payments the payer currently provides to physician practices caring for oncology patients, such as but not limited to, a per-patient-per-month payment, quality- or valued-based payments, or direct support such as an embedded patient navigator. Describe how the payer plans to make payments to OCM practices during the performance period that align with the OCM financial incentive structure; that is, providing funding during the oncology episode for enhanced services (for example, advance payment or PBPM) and for actual performance (for example, retrospective lump sum or increased monthly payments).

Quality Improvement Measures

1. List specific quality metrics that the payer currently uses in pay-for-performance programs or in other payment programs for physician practices that provide oncology care. Describe the quality metrics that the payer plans to collect for practices in OCM for services furnished in the performance period.

2. Quality measures alignment:
    a. Describe any alignment the payer has created with other payers in its region or state around quality and performance measures.
    b. Describe the payer's willingness to align quality and performance measures with the Innovation Center.

Data Sharing

1. Describe the payer's current strategy for sharing data with physician practices in the proposed market(s). Describe the payer's plan for enhanced data feedback to OCM practices in the performance period, including cost data, utilization data, and the practice's performance on quality metrics. Provide information about feedback frequency and format (for example, patient-level, practice-level, across practices, etc.).

Monitoring and Evaluation

1. Describe how the payer plans to monitor participating practices' compliance with the practice requirements in section IV. of the RFA.
2. Describe how the payer plans to monitor and evaluate practices' achievement and/or improvement on the selected quality metrics.
3. Describe how the payer plans to evaluate the impact and outcomes of OCM.

Other support for practice transformation

1. In addition to the activities included above, describe any other activities the payer plans to implement to support practice transformation as required in OCM.

APPLICATION CERTIFICATION:

I have read the contents of this application. By submitting this application, I certify that I am legally authorized to bind the applicant. I further certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, accurate, or complete, I will notify CMS of this fact immediately.

Signature:_____