

## Blue Cross Blue Shield of Michigan/Blue Care Network Radiation Oncology Gold Carding Program-Year 4 (2021)

In 2017, BCBSM/BCN developed and implemented a program in collaboration with the Michigan Radiation Oncology Quality Consortium (MROQC) collaborative quality initiative to provide gold carding for radiation oncology procedures for facilities who met specific criteria.

The Criteria for Year 4 (*measurement period: 1/1/2020-09/30/2020; effective 3/1/2021-2/28/2022*) is listed below. Sites must meet 6 of the 7 measures to be eligible for the 4<sup>th</sup> year of the Gold Card Incentive Program.

1. Membership in MROQC (*site that provides data to MROQC*)
2. Use of Accelerated Whole Breast Irradiation (AWBI) on  $\geq 80\%$  appropriate patients per 2018 ASTRO Guidelines
3. Mean heart dose achieved in 85% of breast patients not receiving radiotherapy to regional nodes<sup>1</sup>  
<sup>1</sup>2020 Breast Cardiac Dose Thresholds:  
*Conventional:*  $\leq 1.7$  Gy (left)  $\leq 1$  Gy (right)  
*AWBI:*  $\leq 1.2$  Gy (left)  $\leq .7$  Gy (right)
4. For breast cancer patients: evaluation of the AAPM Task Group-263 compliance for the specified structures (heart, breast PTV, lumpectomy cavity PTV, and ipsilateral lung) for the initial DICOM entry is 80%
5. In  $\geq 65\%$  lung cancer patients,  $\geq 95\%$  of the PTV receives  $\geq 100\%$  of the prescription dose AND the heart mean dose is  $\leq 20$  Gy
6. For lung cancer patients: evaluation of the AAPM Task Group-263 compliance for the specified structures (heart, PTV, esophagus, spinal cord or canal, and normal lung) for the initial DICOM entry is 50%
7. Rate of single fraction treatment of uncomplicated bone metastasis is  $>20\%$

### Frequently Asked Questions

1. If my facility received gold carding status, are all additional facilities in my health system gold carded as well?
  - *No, each facility is gold carded on an individual basis.*
2. What documentation do I need in place in order to be gold carded?
  - *Each organization must have a participation agreement-which includes a business associate agreement (BAA) and data use agreement (DUA)-signed with MROQC. The agreement only needs to be signed and reviewed once, and this took place in 2017/2018 or at the time your site joined MROQC (2019-on).*
3. What are the effective dates of the gold carding?
  - *Deborah Gase from BCBSM will reach out to each newly qualified facility to let them know when their site Gold Status has been activated and to provide instructions on how to proceed with the new approvals process. There should be no change for facilities who were previously gold carded.*

- *The gold carding effectiveness dates for Year 4 are will be as follows: **3/1/2021-2/28/2022**. This coincides with the specialist value based reimbursement schedule.*
4. How often will the criteria to be gold carded be reviewed and changed?
    - *On an annual basis, MROQC and BCBSM/BCN will review the criteria and add or change measures as necessary. Any changes will be shared with MROQC participants as soon as criteria are finalized.*
  5. Will patients with any BCBSM/BCN insurance coverage be included under the gold carding?
    - *Gold carding will cover BCBSM Medicare Plus Blue, fully insured PPO, BCN commercial and BCNA members.*
    - *Gold carding is **NOT** applicable for the radiation therapy program handled through AIM for UAW Retiree Medical Benefits Trust (URMBT) non-Medicare members*
  6. Who is reviewing my rates to determine if I am eligible?
    - *The MROQC coordinating center is using their data registry and definitions to determine eligibility and will provide a list of eligible facilities to BCBSM/BCN.*
  7. Is my facility responsible for providing any information to BCBSM/BCN?
    - *Yes. It is the facility's responsibility to provide the correct NPI to be used in gold carding.*
  8. What will change for my facility now that we are gold carded compared to the normal preauthorization process?
    - *Being gold carded allows select providers to get an auto approval for radiation therapy authorizations submitted to eviCore*
    - *Providers must continue to request authorization through the eviCore portal*
      - *Member demographic information*
      - *Diagnosis code(s)*
      - *CPT codes (if prompted to enter)*
  9. What other standards will my facility need to meet to get radiation services paid for?
    - *Authorization/claims matching logic and clinical edits will still apply*
    - *CMS and ASTRO guideline edits will still apply.*
      - *If CMS says you should only bill code 12345 once in the entire treatment period, the 2<sup>nd</sup> time a provider bills it, they should expect a rejection.*