

## Blue Cross Blue Shield of Michigan/Blue Care Network Radiation Oncology Gold Carding Program-Year 8 (2025)

In 2017, BCBSM/BCN developed and implemented the Gold Card program in collaboration with the Michigan Radiation Oncology Quality Consortium (MROQC) collaborative quality initiative. The program provides “gold carding” for radiation oncology procedures at MROQC facilities who met specific criteria.

The Criteria for Year 8 (*measurement period: 1/1/2024-09/30/2024; effective 3/1/2025-2/28/2026*) is listed below. Facilities must meet 7 of the 8 measures to be eligible for Year 8 of the Gold Card Incentive Program. All measures are scored at the facilities level.

1. Membership in MROQC. (*Site that provides data to MROQC*)
2. In  $\geq 70\%$  of node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention AND the dose to the supraclavicular (SCV), infraclavicular (ICV or Axillary Level 3), Axilla (Level 1 & 2), and/or internal mammary node (IMN) is reported.
3. For  $\geq 65\%$  of lung cancer patients treated with conventional fractionation, the mean esophageal dose is  $< 29$  Gy AND the esophageal max dose (D2cc) is  $< 61$  Gy.
4. For SBRT treatment of lung cancer with a single PTV, the Paddick Conformity Index is  $\geq 0.85$  in  $\geq 80\%$  of patients.
5. Use of shorter course radiotherapy for bone metastasis treatment is shown by meeting a site-level rate of at least 75% for  $\leq 5$  fraction treatment for all patients.
6. For treatment of bone metastasis using stereotactic body radiotherapy (SBRT), standardized dose constraints for organs at risk (OARs) are used, AND any violations of standardized dose constraints are documented in  $\geq 80\%$  of patients.
7. Percentage of patients with intermediate risk prostate cancer as defined by NCCN treated with EBRT or brachytherapy who received “high value radiotherapy” is at least 70%. High value radiotherapy is defined as moderately hypofractionated EBRT (28 fractions or less) OR ultrahypofractionated EBRT/SBRT (7 fractions or less) OR brachytherapy monotherapy. Patients with unfavorable intermediate risk prostate cancer may also receive a brachytherapy boost.
8. Prostate Working Group Performance Goal: Rate of completion of 12-month follow-up form (P6) is  $\geq 60\%$ .

### **Frequently Asked Questions**

1. 1<sup>st</sup> Time Gold Card Eligibility process: For a facility to be eligible for the Gold Card Program, the following must be met:
  - *Have contributed data to MROQC’s clinical data registry for at least one year’s worth of baseline data*
  - *Meet the performance targets set by the collaborative*
2. 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.*
3. 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).*
4. What are the effective dates of the gold carding?
    - *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 8 will be as follows: **3/1/2025-2/28/2026**. This coincides with the specialist value-based reimbursement schedule.*
  5. 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.*
  6. 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 does not include Proton Beam Therapy for the Medicare Advantage lines of business.*
    - *Gold carding is **NOT** applicable for the radiation therapy program handled through Carelon for UAW Retiree Medical Benefits Trust (URMBT) non-Medicare members*
  7. 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.*
  8. 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.*
  9. 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, providing:*
      - *Member demographic information*
      - *Diagnosis code(s)*
      - *CPT codes (if prompted to enter)*
  10. 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.*

Questions for BCBSM/BCN regarding the Gold Card Program may be submitted via [goldcardinginquiry@bcbsm.com](mailto:goldcardinginquiry@bcbsm.com)