



CDA TEAM MEETING

November 19th, 2025

Meeting Attendees:

Danielle Kendrick
Jumoke Johnson- Olokesusi
Alanna D Harris
Amber Tucker
Amy Coleman
Andrea Smith
Betty Chiaramonte
Blair Pease
Brenda Havey
Cayla Cucci
Christa Craddick
Howayda Messiha
Jasmine Bumpus
Jen Davis
Jordan Parisian
Kathy Lapansie
Kelly Grevemeyer
Kristin Hazard
Kyle Buchanan
Lisa Williams
Liza Morris
Lynne Miller
Maral Kalandjian
Megan Beaudrie
Samantha Reichwage
Sarah Paluch
Toufic Haddad
Wendy Strong

HOUSEKEEPING



Meeting notes will be provided after the call.



Please mute yourself unless you are speaking.



Make sure your name appears in the Zoom participant list. Change phone numbers to your first and last name.



AGENDA

Incentive
Program
Summary

CDA Focused:
2026
Performance
Measures

Upcoming
Deadlines

Follow-up on
PROs Collection

Database
Updates

Reminders



The background of the slide is a blue-tinted architectural blueprint. It features a complex network of lines, rectangles, and circles, representing a technical drawing of a building or infrastructure. The lines are thin and light blue, creating a subtle pattern across the entire slide.

INCENTIVE PROGRAM OVERVIEW



We have 3 incentive programs and they encourage hospitals, administrators and providers to improve and maintain high standards of care while treating cancer patients at their facilities.

They all revolve around performance measures. The quality of the data entered into the databases drives success in all three program.

MROQC PERFORMANCE MEASURES

Each working group develops performance measures



BCBSM approves measures that are used in the incentive program.



Measures make up the scores for P4P, Gold Card, CQI-VBR programs



P4P



Gold Card



VBR



1. Each year, the working groups review existing measures and may propose new ones.
Measures are developed by all of us – that is why your attendance matters.
2. All newly proposed measures require approval from BCBS.
3. The performance measures feed the three incentive programs
Though some of these measures overlap, facilities will receive separate score cards for P4P, Gold Card and CQI-VBR because they are scored separately

INCENTIVE PROGRAM SUMMARY

P4P	Gold Card	VBR
<i>Pay-for-Performance</i>	<i>Gold Card Program</i>	<i>CQI Value-Based Reimbursement</i>
MROQC Performance Measures		
- Rewards hospitals for meeting participation and performance measures - Higher reimbursement rates are received if metrics are met or exceeded.	- Rewards facility with Gold Card status for meeting performance measures - Automatic prior authorization approvals for radiation therapy treatment for patients with certain insurance coverage.	- Rewards providers by linking payments to quality care using a fee schedule that is above 100% of the standard rate. - The focus is on better patient outcomes and cost-efficiency at the provider level.



Attendance / Participation points is based on BCBSM Policy and is not tied to incentive measures.

Please visit the resource page on our website for more information.

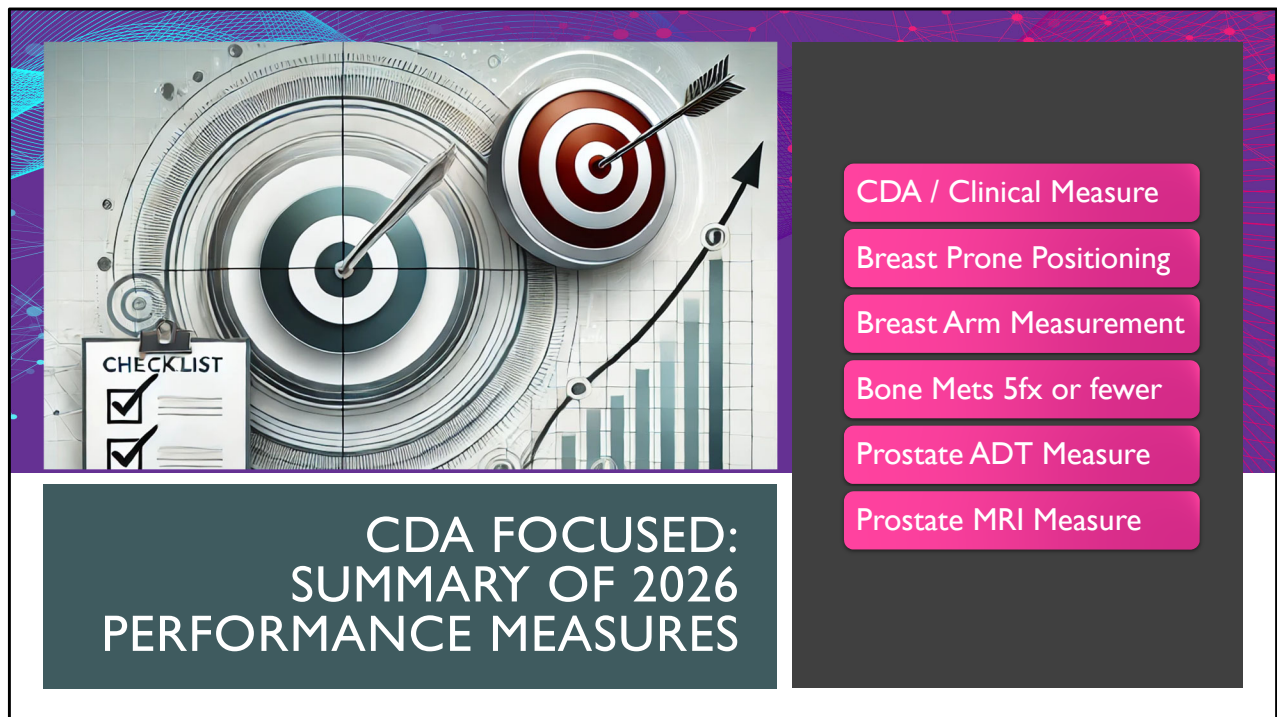
Gold Card

Not all patients with BCBSM/BCN insurance coverage are included under 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

A single measure may be applied to one, two, or all three programs

Accurate, timely data entry benefits patients and institutions.



These are the six measures most relevant to CDAs because of their associated clinical forms.



PERFORMANCE YEAR CHANGE

Data from patients enrolled in MROQC during Q1-Q3 2026.

Why did this change?

BCBSM requested a more streamline performance year for all incentive measures across all CQIs.

This means that the moving forward all the incentive program deadlines will be the same. They will all end in November.

This change applies to all CQIs not just MROQC.

This will allow more time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in late 2026.

CDA Measure: Clinical Audit, CDA Team Meeting, Participation and Submission of Clinical Data

6 Total Points

Criteria	P4P Points	Details
Clinical Audit	2 pts	- Overall data accuracy is $\geq 95\%$ as determined by a clinical audit of breast, lung, bone mets, and prostate data - Sufficient audit preparation and follow-up
CDA Quarterly Team Meeting Attendance	1 pt	CDA's must attend at least <u>3</u> ($\uparrow 2026$) CDA team meetings in 2026. Credit awarded based on Zoom attendance list. $\uparrow 2026$ = Updated for the 2026 Performance year

Clinical Audit and Meeting Participation points are also awarded to non-P4P facilities



1. Clinical Audit:

Note: Facilities that achieved a clinical audit score of 98% or higher in 2025 are exempt from the clinical audit.

This is discussed in more detail on the next slide.

2. Meeting attendance:

Note: For facilities with more than 1 CDA, only one person is required to attend and receive credit.

Non P4P sites are still expected to meet this measure because of a separate contractual agreement with bcbcm

AUDIT EXEMPTION FOR HIGH- PERFORMING FACILITIES FAQS

1. Facilities that achieved a clinical audit score of 98% or higher in 2025 are exempted for being audited in 2026.
2. Facilities that were granted an audit exemption in 2025 will be audited in 2026.
3. During the exempt year, the score achieved in the preceding year, 2025, will be carried over. This means your facility will automatically receive 2 points in 2026 for the clinical audit portion of the performance measure.
4. Physics audits exemptions do not count towards clinical audits and vice versa.



The goal of the audit exemption is to continue to encourage accurate data entry and collection.

Emails about audit exemptions went out last month.

If you are not sure if you are exempt or if you will be audited next year, please email us with questions.

Audits will start earlier next year because scores are due back to BCBS before the end of the year

CDA Measure: Clinical Audit, CDA Team Meeting, Participation and Submission of Clinical Data

6 Total Points

Criteria	P4P Scoring	Details
Submission of Clinical Forms	3pts	≥90% of baseline, on-treatment, and end-of-treatment forms submitted by 11/15/26 (1 point). Eligible patients are defined as having an RT start date of 1/1/2026- 7/31/2026 (†2026) ≥60% completion of 36-month (†2026) prostate P6 follow-up form (1 point). ≥75% completion of the 1-year lung L11 follow-up form (1 point) Eligible patients for the 36-month P6 form and the 12-month L11 forms are defined as having an RT end date during 1/1/2026- 7/31/2026. * (†2026)



Clinical Audit and Meeting Participation points are also awarded to non-P4P facilities

1. Follow-up forms are excluded from this measure and if an SE2 form is submitted, all the required forms listed on the SE2 must be entered to receive credit.
2. The P6-36 months form is expected to be completed 30 to 40 months after the RT end date.
3. The L11 1-year form is expected to be completed 9 to 15 months after the RT end date or along with an SE2 form

Non P4P sites are still expected to meet this measure because of a separate contractual agreement with bcbcm

MEASURES AT A GLANCE				† 2026 = Updated for the 2026 Performance year	
MEASURE	P4P	GOLD CARD	VBR	FORM DATA	PATIENTS INCLUDED & DATES
Breast Prone Positioning Scoring is Collaborative Wide	1. 10pts: ≥ 40% 2. 5pts: 30-39% 3. 0pts: <30% Increase in threshold (†2026)	X	≥40% Increase in threshold (†2026)	• BRTD (node-negative patients) • B7 (contraindications for prone treatment)	• Node-negative patients • RT Start dates: 1/1/26 - 9/30/26
Breast Lymphedema Dose should be named according to TG263 guidelines (†2026)	1. 10pts: A & B met 2. 7pts: Either A or B met 3. 0pts: Neither A or B met Increase in points (†2026)	A & B are met	A & B are met	• BRTD (node positive patients) • B7 / B9 (Baseline Arm measurement in cm) • B10 or B14 (Follow-Up Arm measurement in cm)	• Node-positive patients • RT start dates: 1/1/26 - 9/30/26
Bone Mets Less than 5 Fx	1. 8pts: ≥ 75% 2. 5pts: 60-74% 3. 0pts: <60% Increase in threshold (†2026)	≥75%	≥75%	• M1 and M4 (RT Dates & exclusions) • MRTD (fx delivered)	• Patients with a complete course of RT • RT start dates: 1/1/26 - 9/30/26.
Prostate ADT Recommendation	1. 10pts: ≥ 65% 2. 7pts: 55-64% 3. 0pts: <55% Increase in threshold (†2026)	≥65% Increase in threshold (†2026)	≥65% Increase in threshold (†2026)	• P3 (intended duration and clinical trial participation.) • P7 / MUSIC (risk grouping)	• Intact, High-risk patients • RT start dates: 1/1/2026 - 9/30/26
Prostate MRI	1. 10pts: ≥ 70% 2. 7pts: 60-69% 3. 0pts: <60% Increase in threshold (†2026)	≥70% Increase in threshold (†2026)	≥70% Increase in threshold (†2026)	• P3 (MRI Use)	• Intact patients undergoing external beam radiation therapy • RT start dates: 01/01/2026-09/30/2026
MEQUAL Cannabis Education Scoring is Collaborative Wide	X	X	≥80% Increase in threshold (†2026)	• B1 (Cannabis Use) • B5 (Cannabis Use)	• Breast cancer patients who report cannabis use within the past 30 days • RT start dates: 1/1/2026 -9/30/2026

This is a reference slide showing performance measures at a glance. We will go into more detail in the next few slides.

†2026= 2026 changes

Always refer to the 2026 Incentive Program Criteria Document for complete information about all measures.

https://www.mroqc.org/_files/ugd/d9c03a_87db3fe025c04c0ea4f28884efa9e05b.pdf

PERFORMANCE MEASURES - BREAST

MEASURE	P4P	GOLD CARD	VBR	FORM DATA	PATIENTS INCLUDED & DATES
Breast Prone Positioning Scoring is Collaborative Wide	1. 10pts: $\geq 40\%$ 2. 5pts: 30-39% 3. 0pts: $<30\%$ Increase in threshold (†2026)	×	$\geq 40\%$ Increase in threshold (†2026)	- BRTD (node-negative patients) - B7 (contraindications for prone treatment)	- Node-negative patients - RT Start dates: 1/1/26 – 9/30/26
Breast Lymphedema	1. 10pts: A & B met 2. 7pts: Either A or B met 3. 0pts: Neither A or B met Increase in points (†2026)	A & B are met	A & B are met	- BRTD (node positive patients) - Dose should be named according to TG263 guidelines (†2026) - B7 / B9 (Baseline Arm measurement in cm) - B10 or B14 (Follow-Up Arm measurement in cm)	- Node-positive patients - RT start dates: 1/1/26 - 9/30/26



† 2026 = Updated for the 2026 Performance year

Please let us now if there any changes to the use of your prone equipment, e.g. newly acquired equipment or loss of equipment.

PERFORMANCE MEASURES – METS

MEASURE	P4P	GOLD CARD	VBR	FORM DATA	PATIENTS INCLUDED & DATES
Bone Mets Less than 5 Fx	1. 8pts.: $\geq 75\%$ 2. 5pts.: 60-74% 3. 0pts.: $<60\%$	$\geq 75\%$	$\geq 75\%$	- M1 and M4 (RT Dates & exclusions) - MRTD (fx delivered)	- Patients with a complete course of RT - RT start dates: 1/1/26 - 9/30/26.



No changes were made to this measure.

PERFORMANCE MEASURES - PROSTATE

MEASURE	P4P	GOLD CARD	VBR	FORM DATA	PATIENTS INCLUDED & DATES
Prostate ADT Recommendation	1. 10pts.: $\geq 65\%$ 2. 7pts.: 55-64% 3. 0pts.: $<55\%$ Increase in threshold (†2026)	$\geq 65\%$ Increase in threshold (†2026)	$\geq 65\%$ Increase in threshold (†2026)	- P3 (intended duration and clinical trial participation) - P7 / MUSIC (risk grouping)	- Intact, High-risk patients - RT start dates: 1/1/2026 - 9/30/26
Prostate MRI	1. 10pts.: $\geq 70\%$ 2. 7pts.: 60-69% 3. 0pts.: $<60\%$ Increase in threshold (†2026)	$\geq 70\%$ Increase in threshold (†2026)	$\geq 70\%$ Increase in threshold (†2026)	P3 (MRI done)	- Intact patients undergoing external beam radiation therapy - RT start dates: 01/01/2026-09/30/2026



† 2026 = Updated for the 2026 Performance year

PERFORMANCE MEASURES - CANNABIS

MEASURE	P4P	GOLD CARD	VBR	FORM DATA	PATIENTS INCLUDED & DATES
MEQUAL Cannabis Education Scoring is Collaborative Wide	X	X	≥80% Increase in threshold (†2026)	• B1 (Cannabis Use) • B5 (Cannabis Use)	• Breast cancer patients who report cannabis use within the past 30 days • RT start dates: 1/1/2026 - 9/30/2026



† 2026 = Updated for the 2026 Performance year

The MEQUAL group is updating the patient education document to include simplified wording and the latest research findings.

Look out for the updated cannabis education document, it will be distributed to the consortium soon.



ANSWERS

Q: Regarding the cannabis measure- how do we prove that we gave documentation to a breast patient during the clinical audit?

A: This is referring to Cannabis measure where breast cancer patients who report using cannabis in the past 30 days are provided an MROQC cannabis education document during treatment.

Each facility may choose their own documentation method, but it must be formal and consistent (e.g., a check mark in the patient's record). Documentation can be modeled after the approach previously used for the smoking cessation question.

Q: Can you explain the lung measure and what phase of the study to follow for patients treated with 6–20 fractions?

A: The new 2026 lung measure applies to lung cancer patients treated with hypofractionation (6–20 fractions). These cases should follow the MROQC Consensus Quality Guidelines referred to as Phase I. The guideline document was reviewed by the working group and will soon be available on the website. This is a collaborative-wide measure linked to P4P (Pay for Performance) and VBR (Value-Based Reimbursement):

P4P: $\geq 75\%$ = 10 points; 60–74% = 5 points; $< 60\%$ = 0 points

VBR: $\geq 75\%$ rate achieved

Q: When should we expect the prostate database to be back online?

A: Final data checks are currently underway to ensure proper functionality. The prostate database should be back online soon.



UPCOMING DEADLINES



It is important to submit treatment dates so data can be evaluated for performance measures

 Data Entry Timeline

Item	Measurement Period	Data Entry Deadline	Due to BCBSM
2024 P4P Measures	Cases with RT end dates January 1, 2024– September 30, 2024	January 23, 2025	March 1, 2025
2024 Case Volumes	All enrolled cases January 1, 2024-December 31, 2024	January 23, 2025	March 1, 2025
2026 Gold Card Incentive Program	Cases with RT start dates January 1, 2025 – September 30, 2025	November 15, 2025	December 1, 2025
2026 CQI Value Based Reimbursement (VBR)	Cases with RT start dates January 1, 2025– September 30, 2025	November 15, 2025	December 1, 2025
2025 P4P Measures	Cases with RT start dates January 1, 2025– September 30, 2025	January 23, 2026	March 1, 2026
2025 Case Volumes	All enrolled cases January 1, 2025-December 31, 2025	January 23, 2026	March 1, 2026

Please pay attention to your missing forms and data checker reports. Enter in any missing data especially treatment dates.

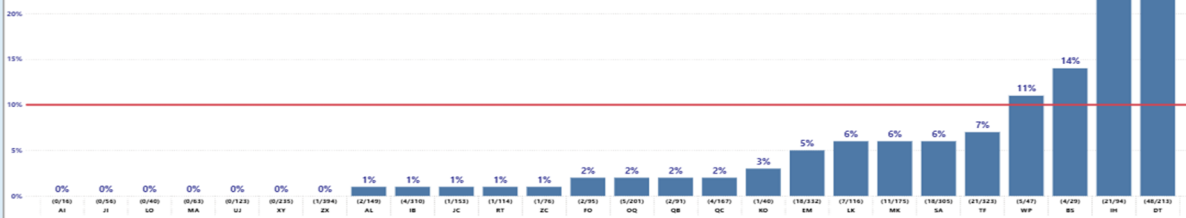
MISSING RATE REPORT

CDA MEASURE: MISSING FORMS FOR FACILITY

*2025 patients are defined as patients with RT start dates between 1/1/25- 9/30/2025

Percent of missing Clinical Forms by Site

Measure: Having fewer than 10% of 2025* patients with a quality report error as of 12/31/2025.



Patients missing at least 1 Clinical Form

Project	Patients

How to Improve your score

Clear errors on the missing forms reports for baseline, on-treatment, and end-of-treatment forms for all projects. You have until **1/23/26** to clear errors for 2025 patients.

Data as of 11/10/2025

Pay attention to your missing rate report. The deadline for this CDA measure is 1/23/2026.

The goal is to have 10% or fewer errors on this report to pass. Send emails to support if errors do not make sense.

You will continue to receive reminder emails from Danielle and I about the CDA measures

FOLLOW-UP
ON IDEAS TO
INCREASE
PROS
COLLECTION



INCREASING PATIENT REPORTED OUTCOMES

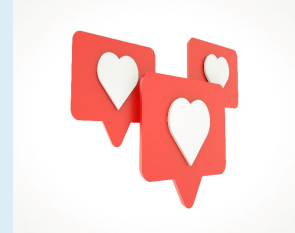
Your Feedback Matters:

As a way of improving PROs collection, you shared the importance of **patients understanding how safe, private and anonymous their data is.**

What happened:

Thanks to **YOU**, all patient letters have been revised including Spanish versions.

Please share them with patients during enrollment.



Thank you to everyone who shared their ideas and time !

DATABASE UPDATES



UPCOMING CHANGES

Project	Changes and Forms Impacted	Timeline
Prostate Forms	NEW P6 Form 	The Prostate database will be offline starting at 8 p.m. on Sunday, November 16, 2025
Lung Forms & And Software Updates	Remove various questions: L3, L4, L6, L11	The Breast & Lung database will be offline starting at 4 p.m. on Friday, December 5, 2025
1. Breast Forms 2. Lung Forms	B6 Form Update Add Data Collection Timeline: L2, L3, L9	The Breast and Lung database will be offline at the end of January 2026 More details to come



Emails will be sent out as soon as databases are back online

Database Updates from 11/2025 – 2/2026

An abstract graphic design featuring a blue background with overlapping, semi-transparent geometric shapes in various shades of blue and a central brown rectangle. The word "REMINDERS" is written in a dark blue, sans-serif font across the center. A thin white vertical line is positioned to the right of the text.

REMINDERS

REMINDERS

Working Group Meetings

Join the zoom call directly from the homepage

- Mets: November 20, 12-12:30 p.m.
- Breast: December 4, 2-3p.m.
- Prostate: December 9, 12-1 p.m.

MROQC Coordinating Center Holiday Schedule

We are closed:

- November 26th-28th
- December 22- January 4th



CDA Peer Support

Connect with other CDAs across MROQC for support, education, and collaboration

The program is open to anyone interested in becoming a **mentor or mentee**.

If interested, please email support@mroqc.org

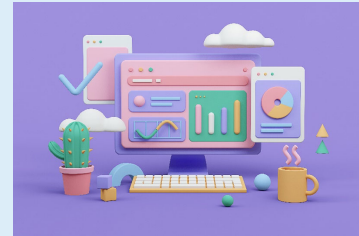


ADDITIONAL REMINDERS

DATABASE AND REPORTS

- Databases
 - Avoid being locked out by signing in every 30 days
 - Don't forget about yearly passwords renewals
 - It is ok to have the same passwords across all databases
- Reports
 - Available Monday – Friday
 - 7 a.m. – 7 p.m.
 - Updated every 24 hours, Monday - Friday

Please email support@mroqc.org with questions



You can use the same passwords for both level 1 and level 2

THANK YOU FOR ANOTHER WONDERFUL YEAR

2026 CDA Team Meeting invites will be
sent out soon



On behalf of the Clinical team and MROQC we would like to thank you for all that you do to impact patient care across Michigan.

Take a well-deserved break over the upcoming holidays!