

MROQC participates in three incentive programs: Pay for performance (P4P), Gold Card (GC) and Value-Based Reimbursement (VBR) programs. The overarching goal is to incentivize improvements in healthcare delivery within the field of radiation oncology, ultimately contributing to the advancement of care for cancer patients.

Eligibility is based on meeting quality measures that are set annually by members of the collaborative at the working group meetings. CDAs can join any or all 4 MROQC working groups. Please [join here](#).

Below is only a summary of the incentive program, for detailed information click on the program title below or go to the website, under MROQC member resources.

1. **P4P** - P4P rewards hospitals for providing excellent quality care to their cancer patients. Hospitals are eligible to participate in various CQIs and get compensation by meeting certain criteria as defined in their hospital contract with BCBSM. P4P points are tied to a specific reimbursement pre-determined by the terms of the contract with BCBSM. These points are earned by meeting the standards set by the quality measures outlined on the P4P scorecard. Stand-alone facilities are not eligible for P4P incentives.
2. **GOLD CARD** – Gold Card status rewards facilities when they meet the quality measures and is especially beneficial to patients and their practitioners, by allowing them to skip the normal, slower, prior authorization process. In 2017, BCBSM developed and implemented the GC program in collaboration with MROQC. Gold carding allows facilities to receive automatic approval for some radiation therapy authorizations submitted to eviCore (a medical benefits management company). The insurance programs covered are BCBSM, Medicare Plus Blue, fully insured PPO, BCN commercial and BCNA. Facilities must meet Gold Card quality measures to be eligible.
3. **VBR** – VBR is a physician or provider-level incentive, it rewards health practitioners for providing their patients with high quality care according to standards set by quality programs. Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement (VBR). The goal of VBR, is to match specific practitioner reimbursement with the achievement of quality-of-care standards, improving health outcomes and controlling healthcare costs. Reimbursement is also based on hospital contracts and other criteria outlined in the VBR factsheet. Facilities must meet the VBR measures, which includes the tobacco cessation, measure to be eligible.

See the [Incentive Measure Criteria document](#) for details on all incentive measures for the three programs.

The goal of the list below is to highlight incentive measures that are directly impacted by the CDA member's work—although we recognize that your contributions affect the entire project. Enrolling and gathering patient data represents some of the initial and most significant steps toward enhancing the quality of patient care delivered by MROQC facilities. See below, a list of measures to monitor throughout the year.

CDA FOCUSED INCENTIVE MEASURES LIST

1. P4P - CLINICAL AUDIT, CDA TEAM MEETING PARTICIPATION, SUBMISSION OF CLINICAL DATA

Clinical Audit score of 95%	• 2 points
CDA Team Meetings Attendance	• 2 points
Clinical Forms Submission rate of 90%	• 2 points

2. P4P - COLLABORATIVE WIDE MEETING PARTICIPATION, this measure includes CDA Breakout attendance

All meetings	• 6 points
Two Meetings	• 4 Points
One or no meetings	• 0 points

3. P4P, GC, VBR - SHORTER COURSE RADIOTHERAPY FOR BONE METASTASIS TREATMENT

A. Rate of single fraction use for <u>uncomplicated patients</u> for all facilities combined is 45%
B. Your site-level rate of 5 fraction treatment for <u>all patients</u> is at least 75%
A & B are met -10 points Only B - 8pts,

4. P4P, GC, VBR - COMPLETION OF 12-MONTH FOLLOW-UP FORM (P6) - The RT end date from the PRTD

P6 form completion rate is 60%	• 10 Points
P6 form completion rate is 40-59%	• 7 points
P6 form completion rate is <40%	• 0 points

5. GOLD CARD SUMMARY, 7 of the 8 measures must be met to be eligible

Your site-level rate of 5 fraction treatment is at least 75% for all bone mets patients (Part B)
The 12-month follow-up form (P6) completion rate is 60% .
Effective Gold Card Date: 3/1/2025-2/28/2026

6. CQI VBR SUMMARY, the tobacco measure must be met

Bone Mets Shorter course treatment (see #3), parts A & B are met.
12-month follow-up P6 completion rate is 60%
Tobacco Cessation measure - Rate of smokers (Breast, Lung, Prostate) who are counseled for tobacco cessation treatment is 80%