VALUEPartnerships
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Blue Cross Blue Shield of Michigan

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2025

Michigan Oncology Quality Consortium (MOQC)

The Value Partnerships program at Blue Cross Blue Shield of Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improve health outcomes, and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities are available to PGIP practitioners who participate in the Michigan Oncology Quality Consortium (MOQC), and that meet specific eligibility criteria. The coordinating center clinical leaders, jointly with Blue Cross, set quality and performance metrics for the VBR. Each Collaborative Quality Initiative, or CQI, uses unique measures and population-based scoring to receive BCBSM VBR. The CQI VBR is applied in addition to any other VBR the specialist may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR.

Participants can only receive VBR for one CQI, even if they are participating in more than one CQI, with the following exceptions:

1) Practitioners that participate in one of the four population-health based CQIs - INHALE, MCT2D, MIBAC, MIMIND – can receive the related VBR in addition to other CQI VBR

2) Practitioners can receive 102% VBR for tobacco cessation in addition to other CQI VBR, but can only receive one tobacco cessation VBR, even if they are eligible for it through multiple CQIs. The tobacco cessation VBR is limited to one reward per practitioner but can be earned in addition to other CQI VBR.

If a practitioner is eligible for rewards through multiple CQIs (those that are not one of the population-health CQIs), the practitioner will be awarded the highest level of CQI VBR.

MOQC applies a combination of collaborative-wide, regional, and practice-based scoring models to measure and reward VBR:

- Tobacco Cessation (TC) VBR measures, performance is measured at a collaborative-wide collective average
- Medical oncology VBR measures, performance is measured at the regional levels. These practitioners are grouped by their participating region as designated by the consortium and then measured as a regional collective average.
- Gynecologic oncology VBR measures, performance is measured collective-wide for gynecologic oncology practices in aggregate
- MOQC Certification VBR for medical oncology practices, measured at the practice level

There is one VBR opportunity open to both medical oncology and gynecologic oncology, using different criteria for each group, that is measured at the practice level.

VBR reward opportunities

MOQC practitioners are scored on CQI performance measures and are eligible for CQI VBR for one of the following permutations if they meet performance targets in one or more MOQC initiatives: 102%, 103%, 104%, 105%, or 107% of the standard fee schedule.

In addition, oncology practices that are participating in POEM (Pharmacists Optimizing Oncology Care Excellence in Michigan), an embedded clinical pharmacy model in partnership with Michigan Institute for Care Management and Transformation (MICMT), may be eligible for an additional VBR equal to 115% (known as the POEM VBR) of the standard fee schedule. POEM practices must have identified a physician champion, confirmed a sufficient patient volume for the targeted population(s), signed the participation agreement with POEM, and begun recruitment of an embedded pharmacist to be eligible. MOQC participants can earn the POEM VBR in addition to one of the other VBR permutations listed above. The combined potential VBR earned for MOQC/POEM participants is up to 122% of the standard fee schedule.

MOQC practitioners are eligible for one of the following VBR combinations:

VBR %	**102% TC**	**102%**	**102%**	**104%**	**103%**		**105%**		**107%**	
Type of VBR	Tobacco Cessation	CQI VBR Additional	CQI VBR Additional	Tobacco Cessation + CQI VBR Additional	CQI VBR	CQI VBR	CQI VBR + CQI VBR Additional	CQI VBR + CQI VBR Additional	CQI VBR+CQI VBR Additional + Tobacco	CQI VBR + CQI VBR Additional + Tobacco
Who It Applies to	Med Oncs and Gyn Oncs	Med Oncs	Gyn Oncs	Med Oncs and Gyn Oncs	Med Oncs	Gyn Oncs	Med Oncs	Gyn Oncs	Med Oncs	Gyn Oncs
Criteria	Meet the 1 measure	Meet 5 of 5 measures	Meet 2 of 2 for gyn-onc measures in Table 3 AND meet complete family history measure	Meet tobacco cessation criteria **AND** CQI Additional criteria	Meet 4 of 5 measures	Meet 2 of 2 measures	Meet criteria for CQI 103% at (regional level) **AND** meet criteria for CQI 102% (at practice level)	Meet criteria for CQI 103% at (regional level) AND meet criteria for CQI 102% (at practice level) **AND** complete family history measure (at practice level)	Meet criteria for CQI 103% at (regional level) AND meet criteria for CQI 102% (at practice level) **AND** collaborative meets criteria for TC	Meet criteria for CQI 103% at (regional level) AND meet criteria for CQI 102% (at practice level) **AND** collaborative meets criteria for TC
Table	Table 4	Table 1a	Table 3	Tables 1a, 3 and 4	Table 1	Table 2	Table 1 and Table 1a	Table 2 + Table 3	Table 1 + Table 1a + Table 4	Table 2 + Table 3 + Table 4
Measurement Level	Collaborative-Wide	**Practice**	**Practice**	Both Collabora-tive-Wide and Practice	Regional	Gyn-Onc Collective-Wide	Both Regional and Practice	Both Collective-Wide and Practice	Collaborative-Wide, Regional and Practice	Gyn-Onc Collective-Wide, Collaborative-Wide and Practice

- **To be eligible for 115% POEM VBR**, the MOQC practitioners must participate in the POEM program.

- **To be eligible for one of the following VBR permutations – 117%, 118%, 119%, 120%, or 122%** - practitioners must be participating in the POEM (115% VBR) *and* achieve one of the VBR listed above (102%, 103%, 104%, 105%, 107%).

VBR Measures

Table 1. 103% VBR Medical oncology measures (at regional level)

Measure	Measurement Period	Target
1. NK1RA and olanzapine administered with Cycle 1 high emetic risk chemotherapy	11/1/2023 - 10/31/2024	55%
2. NK1RA administered for low or moderate emetic risk Cycle 1 chemotherapy (lower score = better)	11/1/2023 - 10/31/2024	10%
3. Hospice enrollment	11/1/2023 - 10/31/2024	65%
4. Hospice enrollment more than 7 days before death	11/1/2023 - 10/31/2024	60%
5. Complete family history documented for patients with invasive cancer	11/1/2023 - 10/31/2024	40%

Table 1a. Additional 102% VBR Medical Oncology measure (practice level)

Measure	Measurement Period	Target
1. Medical oncology practices meet 5 of 5 measures on 103% table at **practice** level	11/1/2023 - 10/31/24	Targets in 103% table

Table 2. 103% VBR Gynecologic oncology measures (collaborative-wide)

Measure	Measurement Period	Target
1. Decrease outpatient prescribing of opioids after laparoscopic or open hysterectomy	11/1/2023 - 10/31/24	9 pills or fewer
2, Days from debulking surgery to chemotherapy start for ovarian cancer	11/1/2023 - 12/31/24	28 days or less

Table 3. Additional 102% VBR Gynecologic oncology measures (practice level)

Measure	Measurement Period	Target
Gynecologic oncology practices meet 2 of 2 measures in Table 2 **and** Complete family history documented for patients with invasive cancer at practice level	11/1/2023 - 10/31/24	Targets in 103% table

Table 4. 102% VBR Tobacco Cessation medical & gynecologic oncology measure (collaborative-wide)

Measure	Measurement Period	Target
Tobacco cessation counseling administered or patient referred in past year	11/1/2023 - 10/31/24	75%

MOQC Certification Pathway VBR

Practices that meet measurement criteria and targets for MOQC Certification will be eligible to earn a VBR of 112%. The MOQC certification VBR would **replace** the standard MOQC VBR opportunities of either 102%,103%, 104%, 105%, and 107% as described above.

Please note that If MOQC certification is not achieved, the oncologist still has the opportunity to be rewarded for the other standard MOQC VBR opportunities mentioned above.

MOQC participants that qualify for certification that also participate in POEM are eligible to receive a total maximum of **127% VBR** (MOQC Certification 112% VBR + POEM 115% VBR = 127% VBR) – in addition to other specialist VBR available to oncologists.

A practice pursuing MOQC certification must meet the following requirements:

- Meet targets for 80% or more of the measures in the set of MOQC Certification Measures in Table 5.
- Submit an equity action plan by 6/30/2024 (based on data provided from previous years)
- Schedule a site visit for evaluation on the Site Visit Criteria below or have current QOPI® certification

Table 5. 112% MOQC Certification Medical Oncology Measures – Measured at Practice-Level

Measure	Measurement Period	Target
1. Use of a 4-drug combination of antiemetic agents in patients on high emetic risk chemotherapy	1/1/2024-10/31/2024	55%
2. GCSF (Granulocyte colony stimulating factor) administered to patients who received chemotherapy for non-curative intent (lower score = better)	1/1/2024-10/31/2024	10%
3. Beginning a new anti-cancer regimen within 14 days of death (lower score = better)	1/1/2024-10/31/2024	30%
4. NK1 receptor antagonist administered for low or moderate emetic risk cycle 1 chemotherapy (lower score = better)	1/1/2024-10/31/2024	10%
5. Hospice enrollment more than 30 days before death	1/1/2024-10/31/2024	20%
6. Palliative care consultation more than 90 days before death	1/1/2024-10/31/2024	25%
7. Tobacco cessation counseling for tobacco users once a year	1/1/2024-10/31/2024	75%
8. Designated advocate documented on a legally recognized document in the inpatient or outpatient medical record	1/1/2024-10/31/2024	20%
9. Days from debulking surgery to chemotherapy (gynecologic oncology only)	1/1/2024-10/31/2024	28 or less
10. Median opioid prescribing (measured as oxycodone tablets, equivalent) following surgical procedure (gynecologic oncology only)	1/1/2024-10/31/2024	9 pills or less

Certification Site Visit Criteria

Sources of data will include medical record review by MOQC abstractors of 20 randomly selected charts of patients who received chemotherapy, in person site visits, and preparatory surveys and documentation.

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
Requirement	Shared documents	Survey		
1) The healthcare setting has policies to define the qualifications of clinical staff who order, prepare, and administer anticancer therapy.	x			
2) Orders for chemotherapy are signed and scanned manually into the EMR or by using electronic approval by licensed independent practitioners who are determined to be qualified by the healthcare setting.				x
3) Anticancer therapy is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented comprehensive treatment preparation education, initial training and annual continuing education and competency validation as required by the certifying agency.		x	x	
4) Anticancer therapy is administered by a qualified physician, physician assistant, registered nurse or advanced practice nurse with documented comprehensive chemotherapy administration education, initial training, and annual continuing education as well as competency validation.		x	x	
5) At least one clinical staff member (RN, MD, DO, APP) who maintains current certification from a nationally accredited course in (age appropriate) basic life support is present during anticancer therapy administration.	x			
6) Pathologic confirmation or verification of initial diagnosis on a pathology report in the medical record				x
7) Initial cancer stage or current cancer status				x
8) Complete medical history and physical examination. An exception to the requirement for a physical examination will be made if the initial consultation is performed virtually.				x
9) Pregnancy status for people who can become pregnant				x

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
10) Presence or absence of allergies and history of other hypersensitivity reactions				x
11) Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan.				x
12) Initial psychosocial assessment using an instrument such as the NCCN distress thermometer, with action taken when indicated (based on the threshold for intervention of the assessment tool)				x
13) The anticancer therapy treatment plan includes the patient diagnosis, drugs, doses, anticipated duration, and goals of therapy				x
14) The planned frequency of office visits and patient monitoring are appropriate for the individual anticancer agents				x
15) **Before chemotherapy is given (no more than 4 days before each treatment), the following are documented**. 1. Functional status and/or performance status (ECOG, Karnofsky, WHO) 2. Vital signs 3. Weight is measured at least weekly when present in the healthcare setting 4. Height is measured in the practice before starting treatment and yearly while on treatment. For children, height must be measured at least weekly when present in the healthcare setting 5. For people who can become pregnant, negative qualitative pregnancy test completed on or before day 1 of each cycle of chemotherapy or at least monthly. 6. Allergies, previous treatment related reactions 7. Treatment toxicities 8. Pain assessment 9. Patient medications are updated and reviewed by a practitioner when a change occurs 10. Staff assesses and documents psychosocial concerns and need for support with each cycle or more frequently with action taken when indicated.	x	x		x
16) Policy for obtaining consent The healthcare setting has a policy that documents a standardized process for obtaining and documenting consent or assent before beginning anticancer therapy. Informed consent and assent (optional) are documented before initiation of each regimen.	x			
	x	x	x	

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
17) Financial resources for patients and caregivers The healthcare setting provides information about financial resources and refers patients and caregivers to psychosocial and other cancer support services. MOQC will make financial navigators available for practices who wish to use the MOQC financial navigators.				
18) Emergency access The healthcare setting has a policy that identifies a process to provide 24/7 triage to a practitioner, for example, on-call practitioners or emergency department, to manage treatment-related toxicities and emergencies. If the patient's initial contact is not a practitioner from the treating healthcare setting, the person having initial patient contact must have continuous access to consultation from an experienced oncology practitioner and the opportunity for transfer of the patient to a facility with dedicated oncology services. Practices in rural low population areas should consult with MOQC Coordinating Center if unable to comply with the standard.	x	x		
19) Provision of information to patients and caregivers Patients and caregivers are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan in the patient and caregiver language of care. The MOQC Coordinating Center will provide translated educational resources. The education process will be tailored to the patient's and caregiver's learning needs, abilities, preferences, and readiness to learn as assessed and documented prior to treatment. Education includes family, caregivers, or others based on the patient's ability to assume responsibility for managing therapy. Patient education materials should be appropriate for the patient's reading level/literacy and patient/caregiver understanding and given in the language of care of the patient/caregiver. As above, the MOQC Coordinating Center will provide educational materials in the languages of care in our MOQC practices. Documentation should include patient feedback reflecting understanding and engagement. Documentation that written or electronic educational materials were given to patients and/or caregivers.			x	x
20) Educational information includes all the following 1. Diagnosis 2. Goals of treatment (cure, prolong life, reduce symptoms) 3. Planned duration of treatment, schedule of treatment administration 4. Drug names and supportive medications, drug-drug and drug-food interactions, and plan for missed doses 5. Potential long and short-term side effects of therapy, including infertility risks for appropriate patients 6. Symptoms or adverse effects that require the patient to contact the healthcare setting or seek immediate attention			x	x

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
7. Procedures for handling medications in the home, including storage, safe handling, and management of unused medication 8. Procedures for handling body secretions and waste in the home 9. Follow-up plans, including laboratory and provider visits 10. The healthcare setting's contact information with availability and instructions on when and whom to call 11. Expectations for rescheduling or cancelling appointments 12. Information about advance care directives and how to assign a legally recognized documented designated decision maker				
21) **Chemotherapy ordering, preparing, dispensing, and administering** Chemotherapy orders include the following elements: 1. Patient name 2. A second patient identifier 3. Date the order is written 4. Regimen or protocol name and number using full generic names 5. Cycle number and day, when applicable 6. Drug dose is written following standards for abbreviations, trailing zeros, and leading zeros 7. The dose calculation 8. Date of administration 9. Route of administration 10. Allergies 11. Supportive care treatments appropriate for the regimen (including premedications, hydration, growth factors, and hypersensitivity medications) 12. Parameters that would require holding or modifying the dose (e.g., lab values, diagnostic test results, and patient's clinical status) 13. Sequencing of drug administration when applicable 14. Rate of drug administration, when applicable 15. An explanation of time limitation, such as the number of cycles for which the order is valid 16. Name of prescribing provider				x
22) **Before preparation**, a second person – a practitioner or other personnel approved by the healthcare setting to prepare or administer anticancer therapy –x **independently verifies the following**: 1. Two patient identifiers 2. Drug name 3. Drug dose 4. Route of administration 5. Rate of administration 6. The calculation for dosing, including the variables used in this calculation 7. Treatment cycle and day of cycle			x	

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
23) **Upon preparation**, a second person approved by the healthcare setting to prepare parenteral chemotherapy **verifies** 1. The drug vial(s) 2. Concentration 3. Drug volume or weight 4. Diluent type and volume, when applicable 5. Administration fluid type, volume, and tubing			x	
24) **Anticancer agents are labeled immediately** upon preparation and labels include the following elements 1. Patient's name 2. A second patient identifier 3. Full generic drug name 4. Drug dose 5. Drug administration route 6. Total volume required to administer the drug 7. Date the medication is to be administered 8. Expiration dates/times 9. When dose is divided, the total number of products to be given and the individual product sequence 10. A warning or precautionary label or sticker, as applicable, to storage and handling; may be included within the label or on an auxiliary label			x	
25) Intrathecal medications are: 1. Prepared separately 2. Stored in an isolated container or location after preparation 3. Labeled with a uniquely identifiable intrathecal medication label 4. Delivered to the patient only with other medication intended for administration into the CNS 5. Administered immediately after a time out double check procedure involving two licensed practitioners or other personnel approved by the healthcare setting to prepare or administer anticancer therapy 6. Intravenous vinca alkaloids are administered only by infusion			x	
26) Before initiation of each anticancer therapy administration cycle, the practitioner who is administering the therapy confirms the treatment with the patient Name of the drug 1. Infusion time 2. Route of administration 3. Infusion-related symptoms to report—for example, but not limited to, hypersensitivity symptoms or pain during infusion			x	
27) Before administration of anticancer therapy: At least two individuals, in the presence of the patient, verify the patient identification using at least two identifiers			x	

Table 6. Certification Site Visit Criteria	Preparatory to Site Visit		Site Visit	Medical record review
28) Before each administration, at least two practitioners approved by the healthcare setting to administer or prepare anticancer therapy verify and document the accuracy of the following elements: 1. Drug name 2. Drug dose 3. Infusion volume or drug volume when prepared in a syringe 4. Rate of administration 5. Route of administration 6. Expiration dates/times 7. Appearance and physical integrity of the drugs 8. Rate set on infusion pump, when used 9. Sequencing of drug administration 10. Documentation of the patient's clinical status during and upon completion of treatment 11. Extravasation management procedures are defined and align with current literature and guidelines; antidote order sets and antidotes are accessible within the appropriate timeframe			x	

VBR selection process

To be eligible for 2025 CQI VBR, the practitioner must:

1) Meet the performance targets set by the coordinating center
2) Be enrolled in a PGIP physician organization by July 5, 2024
3) Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MOQC

The goal of the Michigan Oncology Quality Consortium program is to promote high-quality, effective, and cost-efficient care for cancer patients through an oncologist-led, practice-based quality collaborative that promotes excellence in cancer care by helping practices create a culture of self-examination and improvement. MOQC's approach to improving cancer care includes measurement, feedback, and resources for medical oncology practices and the patients, families, and communities they serve. MOQC was launched in January 2010.

About the coordinating center

Michigan Medicine serves as the coordinating center for MOQC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MOQC Leaders:

Program Director:	Jennifer Griggs, MD, MPH
Program Manager:	Keli DeVries, LMSW

For more information on MOQC and VBR measures, contact the Coordinating Center at moqc@moqc.org.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes, and outcomes of care. Collection, analysis, and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. We invite you to visit us at valuepartnerships.com.