

ONCOLOGY CARE MODEL OTHER PAYER (OCM-OP) CORE MEASURE SET

The Oncology Care Model (OCM) ties quality of care to payment, both for Medicare Fee-for-Service (OCM-FFS) beneficiaries and patients covered by other payers (OCM-OP) at participating practices. OCM aims to use a core set of quality measures across payers (Table 1) to assess performance and quality of care in the OCM-FFS and OCM-OP arms of the model. This set includes 3 claims-based measures (Table 2) and 4 practice-reported measures (Table 3). Payers also have the opportunity to use additional measures from the Consensus Core Set. Payers may use quality measure data to make performance-based payments during the model, thereby tying payment to performance in a similar manner to CMS.

The OCM-OP Core Measure Set is also intended to minimize reporting burden for practices by synchronizing and limiting the number of measures across payers that require *practice-reported data*. CMS encourages payers to only use practice-reported measures that are included in the OCM-OP Core Measure Set (Table 3). CMS does not limit the number of claims-based measures payers may collect, since collection of claims-based measures does not typically increase practice reporting burden.

Table 1: OCM-OP Core Measure Set

NQS Domain	Measure Name	OCM Measure Number ¹	Measure Source
Communication and Care Coordination	Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	OCM-1	Claims
	Risk-adjusted proportion of patients with all-cause ED visits or observation stays that did not result in a hospital admission within the 6-month episode	OCM-2	Claims
	Proportion of patients that died who were admitted to hospice for 3 days or more ²	OCM-3	Claims
Person-and Caregiver-Experience and Outcome	Oncology: Medical and Radiation – Pain Intensity Quantified (NQF 0384)	OCM-4a	Practice-reported
	Oncology: Medical and Radiation – Plan of Care for Pain (NQF 0383)	OCM-4b	Practice-reported

¹ The OCM Measure Number corresponds with the Measure Number for the OCM-FFS measure list in the OCM PBP Methodology v.1.1.1 document- <https://innovation.cms.gov/Files/x/ocm-methodology.pdf>.

² This measure is only requested from payers that have access to the necessary information to calculate the measure.

NQS Domain	Measure Name	OCM Measure Number ¹	Measure Source
Clinical Quality of Care	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO, or Stage IB - III hormone receptor negative breast cancer (NQF 0559)	OCM-9	Practice-reported
	HER2 targeted therapies received by patients with AJCC stage I (T1c) – IV and HER2 positive breast cancer receiving adjuvant chemotherapy (NQF 1858)	OCM-10	Practice-reported
	Any measure in the Consensus Core Set ³	N/A	Practice reported
	Pathway compliance	N/A	Practice-reported

OCM-OP Core Measure Set: Claims-Based Measures (High Priority)

CMS encourages participating payers to capture the following claims-based measures (Table 2) using the specifications provided by CMS. Payers may submit aggregate, de-identified performance data on these measures to CMS for model monitoring and evaluation purposes. Payers may capture additional claims-based measures at their discretion, but should provide CMS with a list of measure descriptions for any additional claims-based measures they plan to collect as part of the model.

Table 2: OCM-OP Core Measure Set: Claims-Based Measures (High Priority)

NQS Domain	Measure Name	OCM Measure Number ⁴	Measure Source
Communication and Care Coordination	Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	OCM-1	Claims
	Risk-adjusted proportion of patients with all-cause ED visits or observation stays that did not result in a hospital admission within the 6-month episode	OCM-2	Claims
	Proportion of patients that died who were admitted to hospice for 3 days or more ⁵	OCM-3	Claims

OCM-OP Core Measure Set: Practice-Reported Measures

Should payers choose to collect practice-reported measures as part of their OCM participation, CMS encourages payers to use the same subset of Consensus Core Set⁶

³Consensus Core Set: Medical Oncology Measures (Consensus Core Set)- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>.

⁴ The OCM Measure Number corresponds with the Measure Number for the OCM-FFS measure list in the OCM PBP Methodology v.1.1 document- <https://innovation.cms.gov/Files/x/ocm-methodology.pdf>.

⁵ This measure is only requested from payers that have access to the necessary information to calculate the measure.

⁶ Consensus Core Set: Medical Oncology Measures (Consensus Core Set)- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>.

measures (Table 3) that CMS uses for its OCM performance-based payments. Payers should use the measures as specified by the measure steward.

Payers are not required to collect measures that require practice-reported data if they do not have the capability to capture that data.

To limit practice reporting burden, CMS encourages participating payers not to capture practice-reported measures that are not included in the OCM-OP Core Measure Set.

Table 3: OCM-OP Core Measure Set: Priority Practice-Reported Measures

NQS Domain	Measure Name	OCM Measure Number ⁷	Measure Source
Person and Caregiver Experience and Outcome	Oncology: Medical and Radiation – Pain Intensity Quantified (NQF 0384)	OCM-4a	Practice-reported
	Oncology: Medical and Radiation – Plan of Care for Pain (NQF 0383)	OCM-4b	Practice-reported
Clinical Quality of Care	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer (NQF 0559)	OCM-9	Practice-reported
	HER2 targeted therapies received by patients with AJCC stage I (T1c) – IV and HER2 positive breast cancer receiving adjuvant chemotherapy (NQF 1858)	OCM-10	Practice-reported
	Any measure in the Consensus Core Set ⁸	N/A	Practice reported
	Pathway compliance	N/A	Practice-reported

⁷ The OCM Measure Number corresponds with the Measure Number for the OCM-FFS measure list in the OCM PBP Methodology v.1.1.1 document- <https://innovation.cms.gov/Files/x/ocm-methodology.pdf>.

⁸Consensus Core Set: Medical Oncology Measures (Consensus Core Set)- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>.