



Cancer Care Quality Program

February, 2015

COMPANY CONFIDENTIAL AND PROPRIETARY



The challenge: the quality of cancer care is inconsistent

- Up to 1 in 3 people treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices¹
- People are often hospitalized during treatment because of side-effects which could be avoided by using less toxic treatment regimens and appropriate supportive care²
- People frequently receive tests and treatment that they do not need, putting them at risk of side-effects, as well as imposing an additional care burden and cost²

1 J Clin Oncol 2011, 30:142-50; J Clin Oncol 2012, 30:3800-09; J Clin Oncol 2006, 24:626-34; Oncologist 2011;16:378-87;

2 J Clin Oncol 2002 20:4636-42. JACR 2012, 9:33-41; JAMA 2013, 309:2587-95; J Clin Oncol 2013; 31:epub.

3 Barr et al. J Oncol Pract. 2011;7: 2s-15s.

Rising healthcare costs are unsustainable

Median household income

\$52,250

Cost of family's healthcare

\$22,030

Employer premium contribution

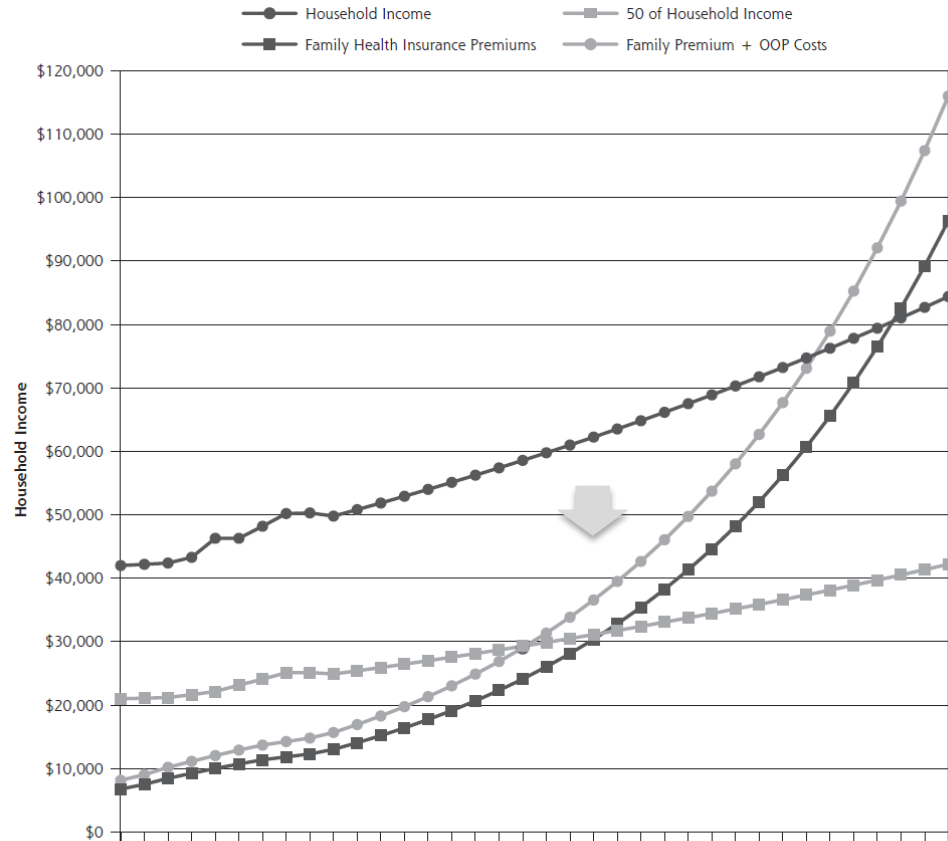
\$12,866

Employee premium contribution

\$5,544

Employee expenses
(e.g. deductible, copays)

\$3,600

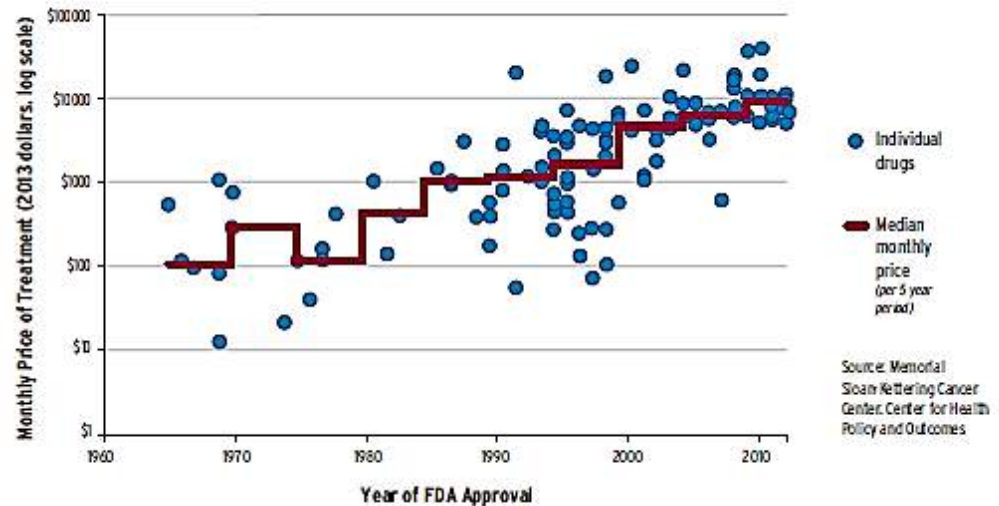


<http://www.deptofnumbers.com/income/us/#household>; 2013 Milliman Medical Index Young et al. *Annals of Family Med.* 2012:10

New cancer drugs are more expensive ... and producing less value

Monthly cost at the
time of FDA
approval
(1965 – 2013)

Figure 2. Monthly and Median Costs of Cancer Drugs at the Time of FDA Approval, 1965-2013²



13 new cancer
treatments approved
by FDA in 2012

1

Survival
extended by
6 months

2

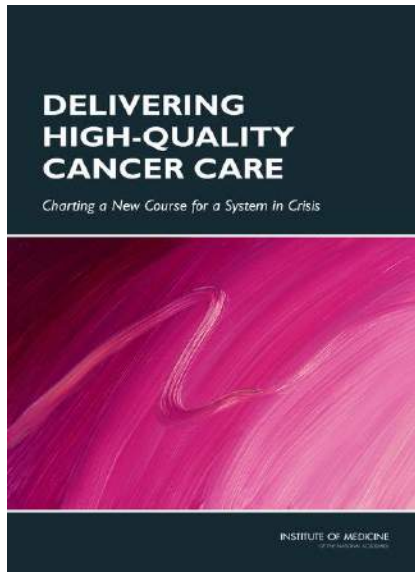
Survival
extended by
only 4-6 weeks

\$5,900

Average cost of
treatment per
month

American Society of Clinical Oncology. The State of Cancer Care in America. 2014.. Source: Emanuel et al, New York Times, A Plan To Fix Cancer Care, March 23, 2013, retrieved from http://opinionator.blogs.nytimes.com/2013/03/23/a-plan-to-fix-cancer-care/?_r=0

2013: charting a new course for a system in crisis



Institute of Medicine
2013

“Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence.”

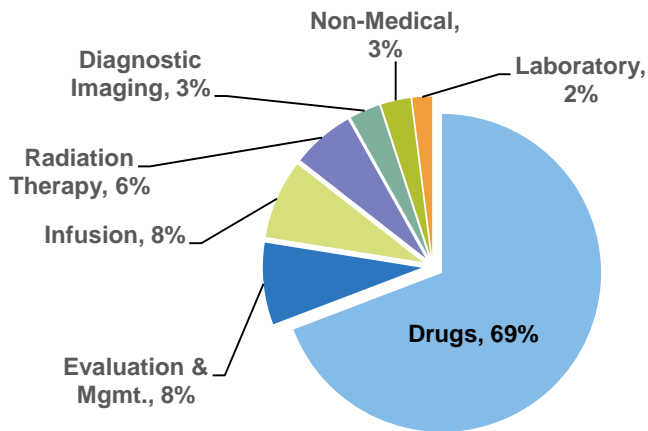
IOM recommendations to improve the quality of cancer care

- A national quality reporting program with meaningful quality measures
- Improve the affordability of cancer care by leveraging existing efforts to reform payment and eliminate waste
- Reimbursement aligned to reward affordable, patient-centered high quality care

Together, we can transform cancer care

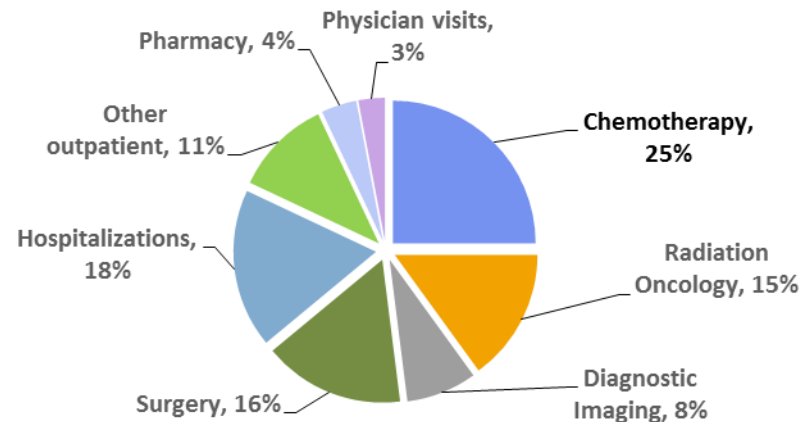
Oncology Practice Revenue Sources

Barr et al. J Oncol Pract. 2011;7: 2s-15s.



Chemotherapy Accounts for 25% of Cost

WellPoint affiliated health plans internal data 2012



Reimbursement model must change so that focus shifts to cancer care that is value-based and patient-centered

Our model: a Quality Initiative

The **Cancer Care Quality Program** provides a framework for **rewarding high quality cancer care**

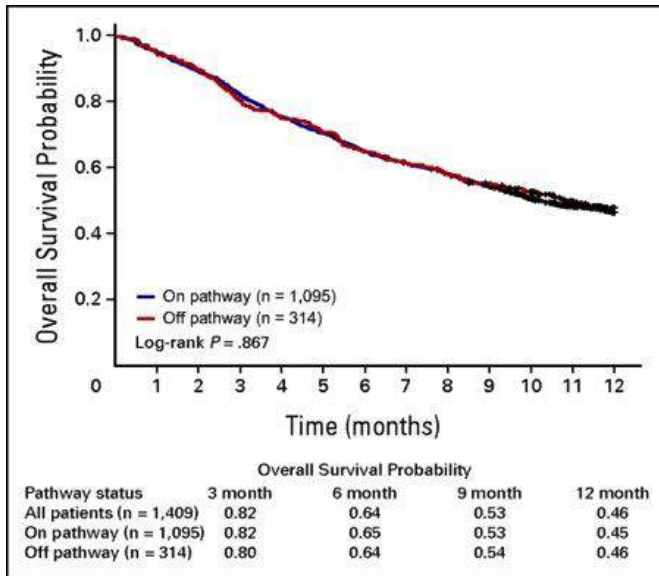
Oncologists participating in the Cancer Care Quality Program will receive **additional payment** for treatment planning and care coordination when they select a treatment regimen that is **on Pathway**

Web-based platform with decision-support for Quality Initiative also **improves efficiency** of review against Health Plan Medical Policy and **decreases administrative burden** for practices

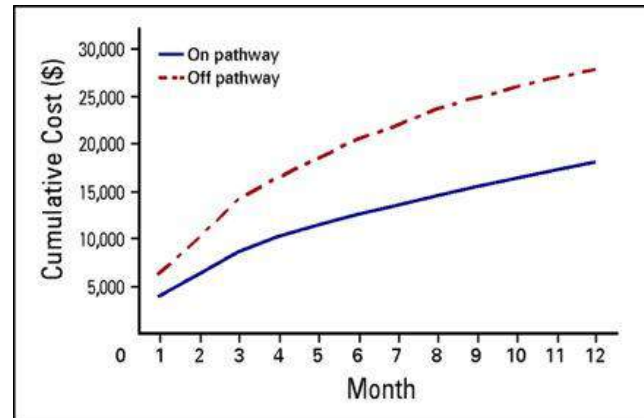


US Oncology found pathways associated with same overall survival and 30% lower cost

Outcomes associated with pathways vs. usual care for advanced non-small cell lung cancer



Overall survival by Pathway status



12-month cumulative cost by Pathway status

Source: Neubauer M A et al. JOP 2010;6:12-18

Variation in outcomes across 1st line regimens for non-small cell lung cancer*

	Estimated Survival (months)	Grade 3-4 Adverse Events	Any serious AE (Hospitalization)	Deaths on Rx (Deaths due to Rx)
Rx A	13.0 (NR) mos.	N/V risk: Moderate* FN + infection:1% Neuropathy: 11% Debilitating fatigue: 6%	53% (**)	<1% (<1%)
Rx B	10.4 (9.6-11.2) mos.	N/V risk: High FN + infection:4% Neuropathy: ND Debilitating fatigue: 5%	35% (**)	7% (1%)
Rx C	11.8 (10.4-13.2) mos.	N/V risk: High FN + infection:1% Neuropathy: ND Debilitating fatigue: 7%	37% (**)	7% (1%)
Rx D	13.1 (NR) mos.	N/V risk: Moderate FN + infection:1% Neuropathy: 3% Debilitating fatigue: 4%	** (**)	<1% (<1%)
Rx E	13.4 (11.9-14.9) mos.	N/V risk: Moderate FN + infection:4% Neuropathy: 4% Debilitating fatigue: 5% Bleeding 4%	75% (19%)	5% (4%)
Rx F	12.6 (11.3- 14.0) mos.	N/V risk: Moderate FN + infection:2% Neuropathy:0% Debilitating fatigue:11%	** (20%)	** (2%)

Source: Socinski JCO 2012; Sandler NEJM 2006:355; Scagliotti JCO 2008:26; Reck Annals of Oncology 2010; Patel 2012

Little variation in patient outcomes but marked variation in treatment cost

Estimated Survival (months)	Grade 3-4 Adverse Events	Deaths on RS (Deaths due to RX)	Cost (4 cycles)
Carbo/Paclitaxel	13.0 (NR) mos.	<1% (<1%)	\$452
Gem/Cis	10.4 (9.6-11.2) mos.	7% (1%)	\$886
Cis/Pemetrexed	11.8 (10.4-13.2) mos.	7% (1%)	\$25,619
Carbo/nab-Paclitaxel	13.1 (NR) mos.	<1% (<1%)	\$24,740
Carbo/Paclitaxel/Bev	13.4 (11.9-14.9) mos.	5% (4%)	\$39,770
Carbo/Pemetrexed/Bev	12.6 (11.3- 14.0) mos.	** (2%)	\$64,988

Source: Socinski JCO 2012; Sandler NEJM 2006:355; Scagliotti JCO 2008:26; Reck Annals of Oncology 2010; Patel 2012

Four regimens included in Pathway

	Estimated Survival (months)	Deaths on Rx (Deaths due to Rx)	Cost (4 cycles)
✓ Carbo/Paclitaxel	13.0 (NR) mos.	<1% (<1%)	\$452
✓ Gem/Cis	10.4 (9.6-11.2) mos.	7% (1%)	\$886
✓ Cis/Pemetrexed	11.8 (10.4-13.2) mos.	7% (1%)	\$25,619
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Carbo/Pemetrexed/Bev	12.6 (11.3- 14.0) mos.	**2%	\$64,988

This Pathway is specific for patients who do not have mutations such as EGFR, ALK – Pathways are personalized to tumor biology and genomics

If the oncologist or patient determines that a different regimen is better for their unique circumstances, they are still treated according to their preference – Pathway adherence does not impact coverage determination

Source: Socinski JCO 2012; Sandler NEJM 2006:355; Scagliotti JCO 2008:26; Reck Annals of Oncology 2010; Patel 2012

Treatment planning payments support cost-effective care



Enhanced reimbursement for treatment planning and care coordination will be provided when patient is registered with the Cancer Care Quality Program and treatment regimen in on pathway



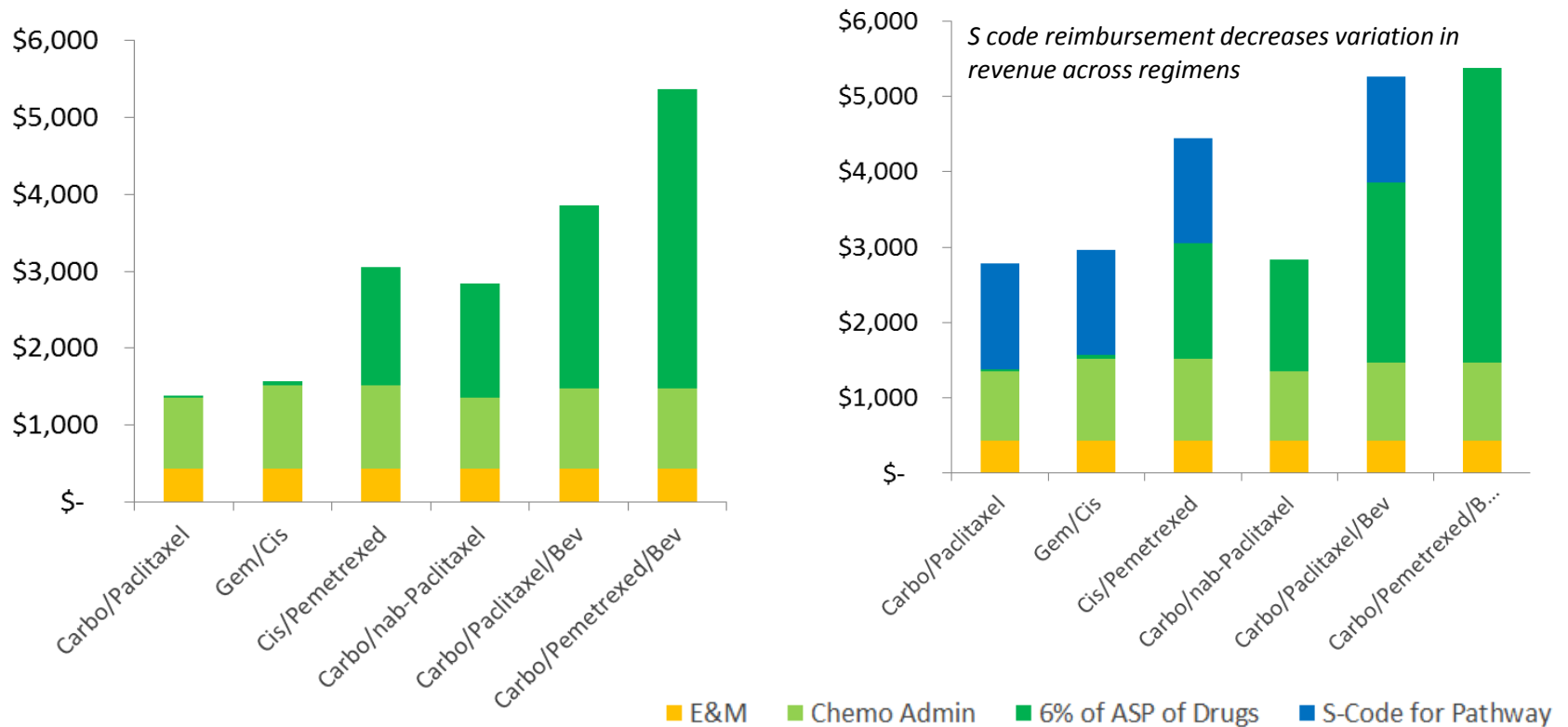
S0353 reimbursed \$350 once at the onset of treatment
S0354 reimbursed \$350 no more than monthly while managing care for an established patient*



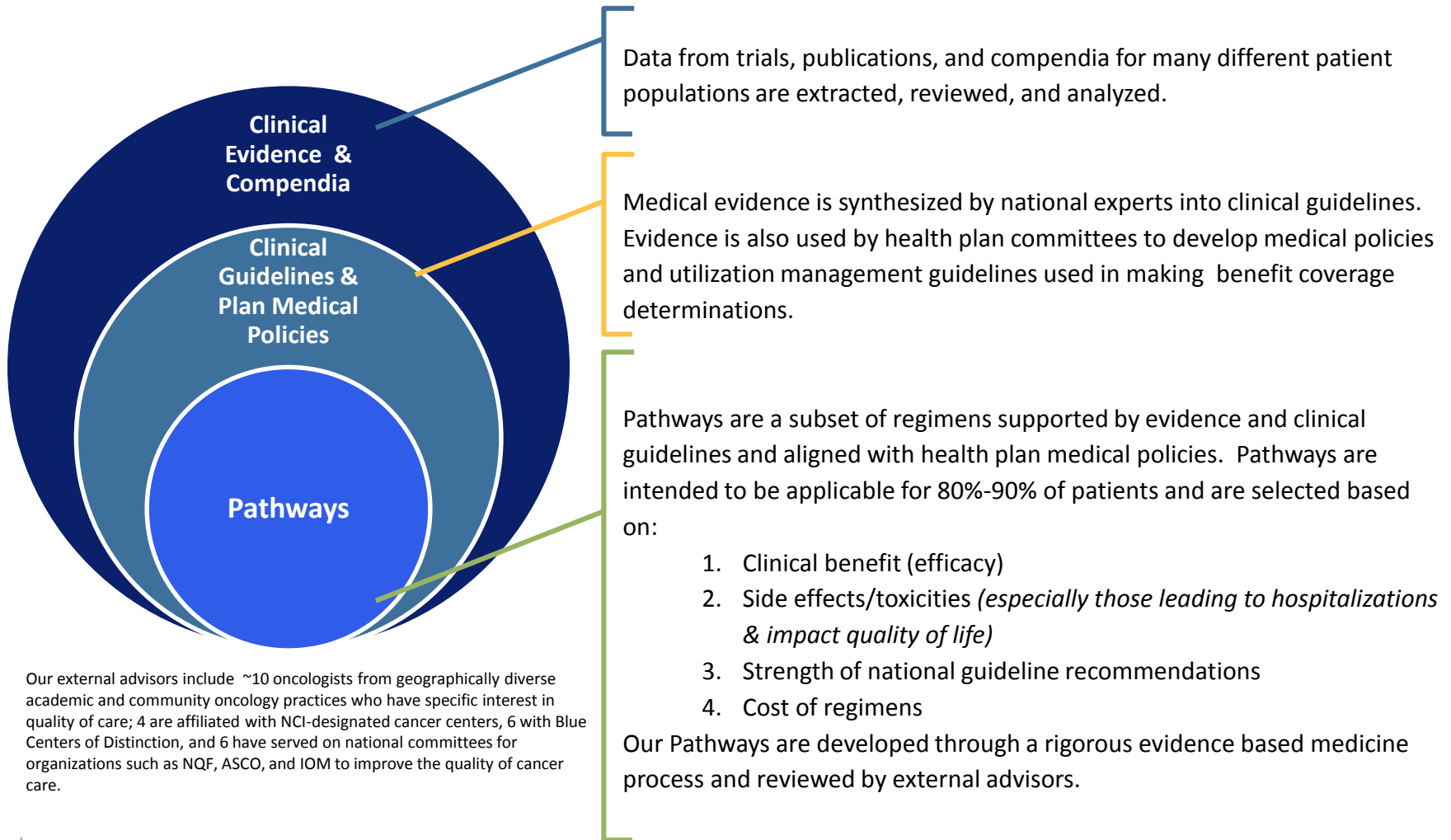
S-code billing authorization is triggered through AIM **ProviderPortal** when practice selects a regimen that aligns with WellPoint Cancer Treatment Pathways

Impact of enhanced reimbursement and support for Pathways

Mean practice revenue across regimens



Our approach to Pathway development



Our external advisors include ~10 oncologists from geographically diverse academic and community oncology practices who have specific interest in quality of care; 4 are affiliated with NCI-designated cancer centers, 6 with Blue Centers of Distinction, and 6 have served on national committees for organizations such as NQF, ASCO, and IOM to improve the quality of cancer care.

By Feb 2015, we will include Pathways for cancers contributing to 90% of chemotherapy spend

Cancer Treatment Pathways Worksheet

Breast Cancer

Patient name:

Member number:

Breast Cancer:

- AC weekly P
- TC Docetax
- ddAC week
- AC Docetax

Breast Cancer:

- AC TH Doc
- TCH Docetax

Breast Cancer (1st Line+):

- Adriamycin
- Epirubicin
- Gemzar (Gef)
- Navelbine IV
- Taxol (Paclita)
- Xeloda (Cap)
- Supportive C

Breast Cancer (1st Line+):

- Pertuzumab
- Pertuzumab
- Capecitabine
- Trastuzumab
- Vinorelbine

Cancer Treatment Pathways Worksheet

Lung Cancer

Patient name:

Member number:

1st Line Ther:

- Crizotinib

1st Line Ther:

- Erlotinib
- Afatinib

Cancer Treatment Pathways Worksheet

Colorectal Cancer

Patient name:

Date of birth:

Member number:

Colorectal Cancer, Adjuvant:

- FULV Fluorouracil (5-FU) (Bolis) and Leucovorin
- FOLFID-6 - Fluorouracil (5-FU), Leucovorin and Oxaliplatin
- FLOX Fluorouracil (5-FU), Leucovorin and Oxaliplatin
- Capecitabine

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer

The following regimens are options for patients regardless of KRAS status (KRAS-WT or KRAS mutant):

- FOLFID (Fluorouracil, Leucovorin and Oxaliplatin)
- FOLFID (Fluorouracil, Leucovorin and Oxaliplatin) with Bevacizumab
- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan)
- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan) and Bevacizumab
- FULV (Fluorouracil and Leucovorin)
- FULV (Fluorouracil and Leucovorin) with Bevacizumab

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer

In addition to the above, the following regimens are also options for patients with tumors that are KRAS-WT:

- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan) with Panitumumab
- Irinotecan (Camptosan) and Vectibix (Panitumumab)

3rd Line + Therapy for Metastatic Colorectal Cancer

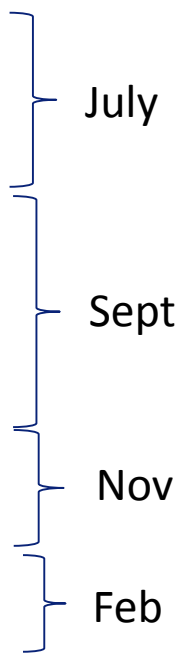
The following regimens are options for patients regardless of KRAS status (KRAS-WT or KRAS mutant):

- Regorafenib (Stivarg)
- KRAS mutant ONLY
- Supportive care

In addition to the above, the following regimens are also options for patients with tumors that are KRAS-WT:

- Vectibix (Panitumumab) Monotherapy
- Irinotecan (Camptosan) and Vectibix (Panitumumab)

Tumor Types	Cumulative Chemotherapy Cost %
Breast Cancer	27%
Colorectal Cancer	45%
Lung Cancer	56%
Lymphoma	67%
Myeloma	71%
Ovarian Cancer	75%
Pancreatic Cancer	78%
CNS	81%
Melanoma	82%
Leukemia	88%
Prostate	~90%



Cancer Care Quality Program administered by AIM Specialty Health



CLINICAL REQUEST

Request is made by a
Provider via the AIM
ProviderPortal_{SM}

TREATMENT REVIEW

DECISION RENDERED

Immediate approval is
granted if consistent with
plan medical policy

Clinical experts available as
necessary for peer-to-peer
discussion

Notified if Pathway option
available

PATHWAY ADHERENCE

Practice authorized to bill
S0353 and S0354 for
**Treatment Planning and
Care Coordination** when
regimen is on pathway

Quarterly Analytics and
Reporting are available

Clinical detail: diagnosis and regimen

1: First, please indicate the type of cancer your patient has been diagnosed with and choose the applicable ICD9 code

2: Next, enter the regimen prescribed. It is important to enter all drugs, including supportive drugs

Step: 1 2 3 4 5 6

Step 4: Please enter Patient Clinical Details. Data will be automatically saved in the system.

PATIENT1 TEST - Female
Height: 65in | Weight: 165lb | BSA: 1.85

Regimen Search

* Choose a Cancer Type:

* Choose an ICD9 Code: ✓

Enter ALL drugs being prescribed by your physician to start your treatment entry.

* Enter a Drug Name or HCPC Code:

Chemotherapy Drugs:

- ✓ Docetaxel (J9171)
- ✓ Doxorubicin Hcl / ADRIAMYCIN (J9000)
- ✓ Cyclophosphamide (J8530, J9070)

Supportive Drugs:

- ✓ Pegfilgrastim, SC / NEULASTA (J2505)

ⓘ The regimen search logic will be based on the chemotherapy entered above.

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Clinical detail: stage and biomarkers

Here we will collect more detailed information regarding your patient's diagnosis

Please confirm:

- Specific cancer type
- Disease stage
- Bio-Markers as needed
- Line of treatment
- Performance Status

PATIENT2 TEST - Female
Height: 65in | Weight: 165lb | BSA: 1.85
Regimen Selected: TAC [Taxotere (Docetaxel), Adriamycin (Doxorubicin) and Cytoxan (Cyclophosphamide)] (Adjuvant/ After Surgery)

Enter Diagnosis

* Pathology:	Adenocarcinoma - Invasive Lobular Carcinoma	✓
* Stage:	IIA	✓
* ICD9:	174.4 Malignant neoplasm of upper-outer quadrant of female breast	
* Bio-Markers & Tumor Characteristics:		
<u>Estrogen Receptor:</u>	Positive	✓
<u>HER2/NEU:</u>	Negative	✓
<u>Menopausal Status:</u>	Post-Menopausal	✓
<u>OncotypeDx® Breast:</u>	Not reported	✓
<u>Progesterone Receptor:</u>	Negative	✓
* Line of Treatment:	Adjuvant/ Post-operative	✓ ⓘ
* Performance Status:	1 - Symptoms present but ambulatory without restriction	✓

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Pathway option available

Based on the information you entered, you may be offered an alternative Pathway regimen. By choosing a Pathway regimen, your practice will be eligible for enhanced reimbursement

Choose "View Details" for additional information.

Consider Alternative Regimens

● All evidence-based regimens available for the patient are below. Please consider selecting a Pathway (⊙) regimen that meets the patient clinical scenario. To proceed with the current regimen click "Save and Continue".

	Name	Line of Treatment	Stages	Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> AC [Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide) every 2 weeks], followed by Taxol (Paclitaxel) Weekly (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> AC [Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide) every 3 weeks] (Adjuvant/ After Surgery) (W)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> AC [Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide) every 3 weeks], Followed by Taxol (Paclitaxel) Weekly (Adjuvant/After Surgery) (W)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> TC [Taxotere (Docetaxel) and Cytoxin (Cyclophosphamide)] (Adjuvant/After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	AC [Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide) every 2 weeks], followed by Taxol (Paclitaxel) every 2 weeks (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	AC [Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide) every 3 Weeks], followed by Taxotere (Docetaxel) every 3 Weeks (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	Arimidex (Anastrozole) after Surgery (Adjuvant, Stage I-III)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	Aromasin (Exemestane) after Initial Tamoxifen (Adjuvant/After Surgery, Stage I-III)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	CEF [Cytoxin (Cyclophosphamide), Epirubicin, Fluorouracil (5-FU)] (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	CMF [Cytoxin (Cyclophosphamide), Methotrexate and Fluorouracil (5-FU)] (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	Fluorouracil, Doxorubicin (Adriamycin) and Cyclophosphamide (FAC) Followed by Weekly Paclitaxel (Taxol) (Stages I-III, Adjuvant)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	Selected Regimen TAC [Taxotere (Docetaxel), Adriamycin (Doxorubicin) and Cytoxin (Cyclophosphamide)] (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	I, II, IIB, IIIA, IIIB, IIIC	View Details
<input checked="" type="checkbox"/>	Tamoxifen (Adjuvant/ After Surgery)	Adjuvant/ Post-operative	0, I, II, IIB, IIIA, IIIB, IIIC	View Details

[Show Less](#)

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Order Request Summary: authorization and S-Code information

Once you've completed your order, a summary page will be displayed

Please print the summary and include it in your patient records for future reference

Order Request Summary

Request Status: Authorized	Health Plan: Anthem CR Order ID: 1564117 Pathway Eligible ID: 1564117 Valid Dates: 9/10/2014 - 2/18/2015 Start Date: 9/10/2014
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Member Information: TEST, PATIENT1 Member # TESTPATX101 1 Test Lane Cleveland, OH 44101 Date of Birth: 1/1/1970 Phone: 330-555-1212	Ordering Provider: Netreal, lam 100 Center St Indiana, IN 46714 Phone: (260) 555-1212 Fax: NPI:	Dispensing Provider: Netreal, lam 100 Center St Indiana, IN 46714 Phone: (260) 555-1212 Fax: NPI:
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The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. Please note that one or more of these drugs may also require review by a pharmacy benefit manager prior to payment. Please contact the number listed on the back of the member's identification card for more information.

Order Request Summary:

Item #	HCPCS	Description	Item Request Status	Requested Dates	Action
1	J9070	Cyclophosphamide	Completed	9/10/2014 - 2/18/2015	Show Details
2	J9000	Doxorubicin HCl	Completed	9/10/2014 - 2/18/2015	Show Details
3	J9265	Paclitaxel	Completed	9/10/2014 - 2/18/2015	Show Details
4	J2505	Pegfilgrastim (NEULASTA)	Authorized	9/10/2014 - 2/18/2015	Show Details

Pathway Eligibility:	Billing Information		
Provider is not eligible for enhanced reimbursement unless provider is a participating in network provider and in the member's benefit plan.			
CPT Code	Description	Status	Frequency
S0353	Treatment Planning & Care Coordination - Initial	Eligible	One Time
S0354	Treatment Planning & Care Coordination - Established	Eligible	1 per month up to 5

Diagnosis: 174.4 Neop, mlig, female breast, up/out Q

Clinical Information:[-]

Provider website

www.cancercarequalityprogram.com



Hub for provider communications

- Overview and benefits
- How-to tutorial
- Tips and timelines
- FAQs
- Pathways
- Worksheets