Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2026

Michigan Radiation Oncology Quality Consortium (MROQC)

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 Radiation Oncology Quality Consortium (MROQC), 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 BCBSM. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does 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. Please note that for MROQC the tobacco cessation measure was replaced with cannabis education. However, providers can still only receive 102% VBR for the cessation/education measure in one CQI.

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.

MROQC uses a scoring methodology grouping practitioners by their participating facility and measuring performance as a facility collective average. If a practitioner performs procedures at multiple facilities, the practitioner's performance will be aligned with the facility where they have most of their patients.

VBR Reward Opportunities

MROQC practitioners are scored on CQI performance measures and are eligible for CQI VBR of one of the following permutations 102%, 103%, 105%, 106%, 107%, 108%, or 110% of the standard fee schedule if they meet performance targets in one or more MROQC initiatives.

Additional VBR for practitioners at free-standing independent radiation-oncology facilities

- **CQI VBR for Independent free-standing Radiation Oncology** facilities (for facilities whose performance is not associated with a participating hospital and therefore not eligible for the hospital CQI pay-for-performance incentive)**.** Practitioners assigned to these facilities will be eligible to earn MROQC VBR of *103*% of the standard fee schedule for meeting the performance criteria

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

- **To be eligible for 102% CQI VBR,** a participating facility must meet targets on **1 of 1 of the Cannabis Education VBR measure (Refer to Table 2 below)**
- **To be eligible for 103% CQI VBR**, a participating facility must meet targets on **7 of 8 measures of the MROQC VBR measures (Refer to Table 1 below)**
- **To be eligible for 105% CQI VBR**, a participating facility must meet targets on all **8 of 8 measures (Refer to Table 1 below)**
- **To be eligible for 106% CQI VBR**, a participating facility must be a free-standing independent radiation oncology facility and meet targets on **7 of 8 measures (Table 1 below)**.
- **To be eligible for 107% CQI VBR**, a participating facility must meet targets for 105% CQI VBR and 102% Tobacco Cessation VBR measure **(Table 2 below)**
- **To be eligible for 108% CQI VBR**, a participating facility must be a free-standing independent radiation oncology facility and meet targets on all **8 of 8 measures (Table 1 below)**
- **To be eligible for 110% CQI VBR**, a participating facility must be a free-standing independent radiation oncology facility and meet the criteria mentioned above for 107% CQI VBR.

Table 1. MROQC CQI VBR Measures – All are facility-level measures with exception of measure 1, which is collaborative wide (Measures noted with an * are also used for gold carding)

Measure	Measurement Period	Target Performance
1. Collaborative-Wide Goal - Increase the collaborative-wide utilization of prone positioning for breast cancer radiation treatment.	January 1, 2025-September 30, 2025	≥30%
2. Increase the baseline and post-radiation treatment (RT) completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients.* A. ≥50% of patients with a baseline measurement (B7 or B9) in 2024 must have a follow-up measurement (B10 or B14) completed within Q1-Q3 of 2025. B. ≥50% of breast patients with an RT start date within Q1-Q3 of 2025 must have a baseline measurement (B7 or B9). *	January 1, 2025-September 30, 2025	A & B are met
3. For lung cancer patients treated with conventional fractionation, the mean esophageal dose is <29 Gy AND the esophageal max dose (D2cc) is <61 Gy.*	January 1, 2025-September 30, 2025	≥65%
4. For SBRT treatment of lung cancer with a single PTV, the Paddick Conformity Index is ≥0.85. *	January 1, 2025-September 30, 2025	≥80%
5. The utilization rate of bone mets treatments consisting of 5 fractions or fewer should be at least 75% *	January 1, 2025-September 30, 2025	≥75%
6. For 50% or more of bone mets reirradiation cases, it is documented that physics was consulted before final physician approval of a plan for Type 1 reirradiation * *(Overlap of irradiation volumes with or without concern for toxicity from cumulative doses)* OR Type 2 reirradiation *(No overlap of irradiated volumes but concern for toxicity from cumulative doses).*	January 1, 2025-September 30, 2025	≥50%
7. Improve the percentage of patients with intact, localized, high-risk prostate cancer receiving definitive radiotherapy that are recommended to receive long-term androgen deprivation therapy (ADT). *	January 1, 2025-September 30, 2025	≥60%
8. Increase MRI utilization for intact prostate cancer patients receiving definitive radiotherapy.*	January 1, 2025-September 30, 2025	≥60%

***Participation in MROQC is also a gold carding measure**

Table 2. Cannabis Education VBR measure

Measure	Measurement Period	Target Performance
At least 50% of breast cancer patients who report using cannabis in the past 30 days are provided an MROQC cannabis education document during treatment.	January 1, 2025-September 30, 2025	≥50%

VBR selection process

To be eligible for the 2026 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be on the PGIP winter 2025 and summer 2025 snapshots (as well as in PGIP as of February 2026)

- 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 MROQC

The Michigan Radiation Oncology Quality Consortium (MROQC) was established in 2011. In this first-of-its-kind initiative, MROQC has created a comprehensive clinical data registry of patients receiving radiation treatment for breast, lung, and prostate cancers and bone metastases. The registry data includes both patient-reported outcomes and physician assessments of toxicity as well as data on radiation treatment delivery and dose. Today, MROQC encompasses 22 hospital-based, 3 free-standing radiation oncology facilities, and over 100 Radiation Oncologists across the state of Michigan, working in collaboration to identify best practices in radiation therapy that minimize the side effects that patients may experience from radiation treatment.

About the coordinating center

Michigan Medicine serves as the coordinating center for MROQC 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 coordinating center further supports participants in establishing quality improvement goals and assists them in implementing best practices.

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For more information on the MROQC CQI and specific details to the measures and methodology of MROQC VBR measures/methods, please contact Melissa Mietzel, MS at hillmel@med.umich.edu.

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.