Humana Launches Oncology Model of Care Program to Improve the Patient Experience and Health Outcomes in Cancer Care

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LOUISVILLE, Ky.--(BUSINESS WIRE) -- Leading health and well-being company Humana Inc. (NYSE: HUM) is engaging with physician groups across the country to launch a national, value-based care oncology program designed to provide more integrated cancer care for Humana Medicare Advantage and commercial members.

Humana's national Oncology Model of Care (OMOC) program aims to improve the patient experience and health outcomes for patients with new or recurrent cancer diagnoses, through provider delivery of coordinated, cost-effective care. Humana offers analytics to support providers, and will provide compensation for enhanced care navigation based on incremental evaluation of quality and cost within several key care components – including inpatient admissions; emergency room visits; medical and pharmacy drugs; laboratory and pathology services; and radiology - as determined by metrics that address access to care, clinical status assessments, and patient education.

"With the field of oncology rapidly evolving, we're very pleased to announce the launch of a quality-based program specifically focused on the delivery of cancer care," said Bryan Loy, MD, MBA, Corporate Medical Director of Humana's Oncology, Laboratory, and Personalized Medicine Strategies Group. “Humana is committed to providing physician support and working together to improve coordination across the continuum of care for our members with cancer.”

The OMOC program’s inaugural practices are: Southern Cancer Center, a practice in The US Oncology Network (Alabama); Arizona Oncology Associates, a practice in The US Oncology Network (Arizona); Highlands Oncology Group* (Arkansas); Cancer Specialists of North Florida** (Florida); Baptist Health Medical Group and St. Elizabeth Healthcare (Kentucky); Ponchartrain Cancer Center and Slidell Memorial Hospital Physicians Network (Louisiana); Michigan Healthcare Professionals (Michigan); Minnesota Oncology, a practice in The US Oncology Network (Minnesota); Comprehensive Cancer Centers of Nevada, a practice in The US Oncology Network*** (Nevada); TriHealth and University of Cincinnati Physicians Company (Ohio); and The Center for Cancer and Blood Disorders, The START Center for Cancer Care, and Texas Oncology, a practice in The US Oncology Network (Texas).

The OMOC program is Humana’s fourth specialty-care payment model, following its episode-based programs for Humana Medicare Advantage members undergoing total hip or knee joint replacement or spinal fusion procedures, and its maternity episode-of-care bundled payment program for Humana commercial plan members.

Specialty-care payment programs are part of Humana’s longstanding commitment to value-based care, which emphasizes:

- More personal time with health professionals and personalized care that is tailored to each person’s unique health situation;
- Access to proactive health screenings and programs that are focused on preventing illness;
- Improved care for people living with chronic conditions with a focus on avoiding health complications;
- Leveraging technologies, such as data analytics, that connect physicians and help them work as a team to coordinate care around the patient; and
- Reimbursement to physicians linked to the health outcomes of their patients rather than solely on the quantity of services they provide (fee-for-service).

Humana has an extensive and growing value-based care presence. As of Dec. 31, 2018, Humana has more than two million individual Medicare Advantage members and approximately 115,000 commercial members who are cared for by more than 53,000 primary care physicians in more than 1,000 value-based relationships across 43 states and Puerto Rico. Humana’s total Medicare Advantage membership is approximately 3.6 million members, which includes members affiliated with providers in value-based and standard Medicare Advantage settings. For more information, visit humana.com/provider/support/vbc.

* For Humana Medicare Advantage members only.
** For Humana commercial and Medicare Advantage PPO and PFFS members only.
**About Humana**

Humana Inc. is committed to helping our millions of medical and specialty members achieve their best health. Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs. Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.

To accomplish that, we support physicians and other health care professionals as they work to deliver the right care in the right place for their patients, our members. Our range of clinical capabilities, resources and tools – such as in-home care, behavioral health, pharmacy services, data analytics and wellness solutions – combine to produce a simplified experience that makes health care easier to navigate and more effective.

More information regarding Humana is available to investors via the Investor Relations page of the company’s web site at [www.humana.com](http://www.humana.com), including copies of:

- Annual reports to stockholders
- Securities and Exchange Commission filings
- Most recent investor conference presentations
- Quarterly earnings news releases and conference calls
- Calendar of events
- Corporate Governance information

**Additional Information**

Humana is a Medicare Advantage HMO, PPO, and PFFS organization with a Medicare contract. Enrollment in a Humana plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and member cost-share may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

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