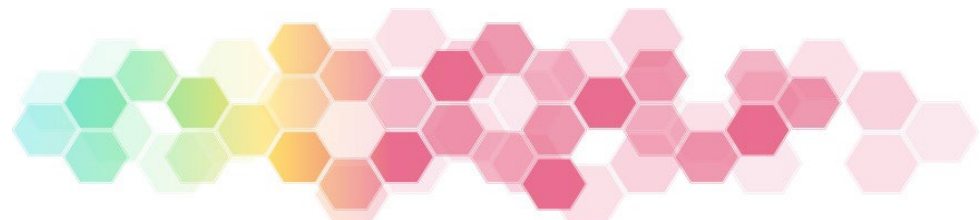


ENHANCING ONCOLOGY

MODEL

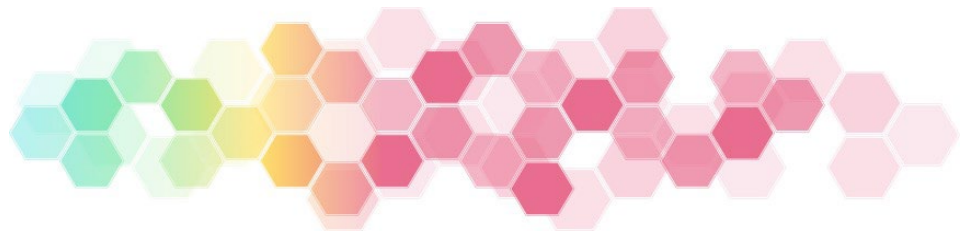
**EOM Cohort 2 Application Support
Office Hour #2**

August 29, 2024



AGENDA

- 1) EOM Overview
- 2) Application Timeline
- 3) Q&A Session
- 4) Resources
- 5) Closing



EOM OVERVIEW

EOM OVERVIEW

EOM aims to drive care transformation and reduce Medicare costs

EOM Focus & Performance Period

Voluntary payment and delivery model focused on innovative payment strategies that **promote high-quality, person-centered, equitable care** to Medicare Fee-For-Service (FFS) beneficiaries with certain cancer diagnoses who are undergoing **cancer treatment**. The model began on July 1, 2023. A second application period is now open for a new cohort of participants to begin **July 1, 2025**. For both cohorts, the new model end date is **June 30, 2030**

Participants

Oncology Physician Group Practices (PGPs) and **other payers** (e.g., commercial payers, state Medicaid agencies) through multi-payer alignment

Quality & Payment

EOM participants are paid FFS with the addition of **two** financial incentives to **improve quality and reduce cost**:

- The **Monthly Enhanced Oncology Services (MEOS)** payment supports the provision of Enhanced Services. Starting in 2025, the base MEOS amount is **\$110** per-beneficiary-per-month (PBPM). Participants can bill an additional **\$30 PBPM** for EOM beneficiaries who are dually eligible. The additional \$30 PBPM for duals is excluded from EOM participants' total cost of care (TCOC) responsibility
- Potential **performance-based payment (PBP)** or **performance-based recoupment (PBR)** is based on the total cost of care (including drugs) and quality performance during 6-month episodes that begin with the receipt of an initiating cancer therapy



EOM POLICY UPDATES

Previous Policy

New Policy

Timeline

EOM began on July 1, 2023, with a projected model end date of June 30, 2028

EOM has introduced a second cohort starting July 1, 2025. The model has been extended by two years and will conclude on June 30, 2030, for both cohorts

Monthly Enhanced Oncology Services (MEOS)

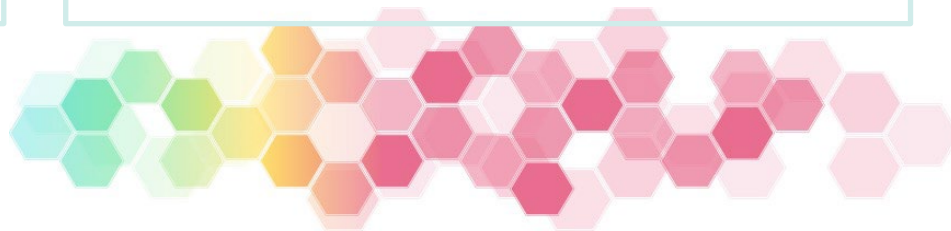
- **Base amount:** \$70 PBPM
- **Payments for duals:** additional \$30 PBPM (\$100 PBPM total) outside of total cost of care
- **Applies to:** MEOS payments billed with date of service on or before December 31, 2024

- **Base amount:** \$110 PBPM
- **Payments for duals:** additional \$30 PBPM (\$140 PBPM total). Extra payment for duals still excluded from total cost of care
- **Applies to:** MEOS payments billed with a date of service on or after January 1, 2025

Threshold for Recoupment

98% of the benchmark amount (under both risk arrangements)
Applies to: PP1 — PP3 (episodes initiating on or before December 31, 2024)

100% of the benchmark amount (under both risk arrangements)
Applies to: PP4 — PP13 (episodes initiating on or after January 1, 2025)

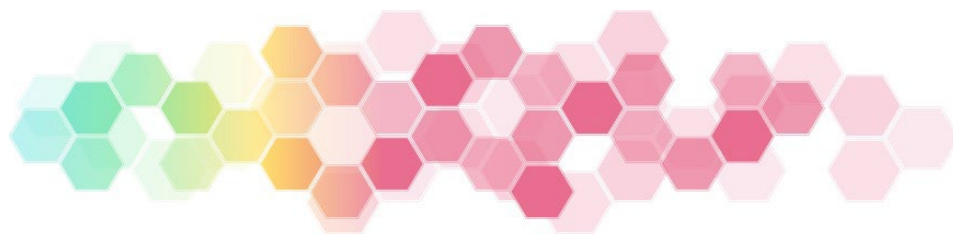


APPLICATION TIMELINE

COHORT 2 MODEL TIMELINE AND UPCOMING EVENTS

Milestone	Planned Timing *
EOM Second Application Office Hour 2	August 29, 2024
EOM Applications Due	September 16, 2024
EOM Participant Selection	Mid to Late Winter, 2024
Selected Participants sign HIPAA-Covered Data Disclosure and Attestation (DRA) to receive Historical Data	Mid to Late Winter, 2024
Data will be made available to the accepted applicants who have a signed DRA	January 1, 2025 - June 30, 2025
Cohort 2 Model Start Date	July 1, 2025

* Dates are subject to change



HOW TO APPLY



Application period for EOM will be open July 1st

All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 16, 2024. CMS may not review applications submitted after the deadline



Submit applications to <https://app.innovation.cms.gov/EOM>

Submission of the PDF version of this application will not be accepted

Refer to [EOM website](#) for directions on how to access the EOM Request for Applications (RFA)



Application Portal

Once logged into the portal, there are further instructions on how to navigate the application included on the right-hand side of the home page by selecting the “User Manual” link. In addition, there is an [EOM RFA Portal Demonstration](#) video that is available on demand to assist with navigating the RFA application portal



Refer to the RFA on EOM website for further details

Further details regarding participation requirements and application submission criteria are available in the RFA on the [EOM website](#). Applications will be reviewed for completion of all required fields and a signed and dated application certification



Sign up for the EOM listserv

EOM will host additional recruitment events and release more resources during Summer/Fall 2024 to help potential participants understand the model before the application deadline. Sign up for the [EOM listserv](#) to learn about these materials as they are announced



Refer to the EOM Application Guide

This guide will assist applicants in accessing the application portal and providing direction on all information which must be provided in the RFA as well as tips to assist with completion of the application



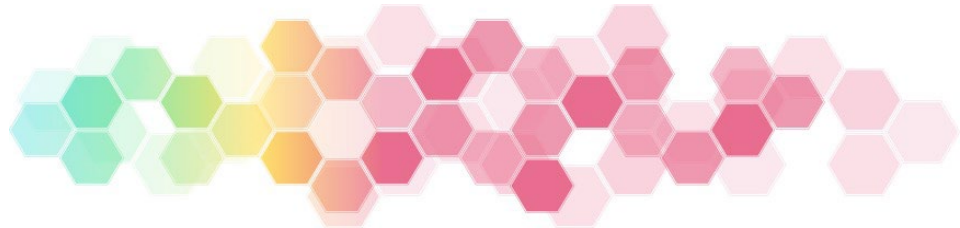
Q&A SESSION

EOM OPEN Q&A



Open Q&A

Please **submit questions via the Q&A pod** to the right of your screen.
Specific questions about your organization can be submitted to EOM@cms.hhs.gov.

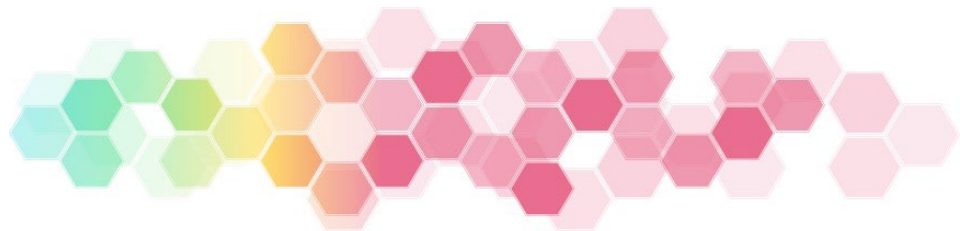


RESOURCES

EOM RESOURCES

The following documents are available on the EOM [model website](#):

- **EOM Cohort 2 Materials**
 - [EOM Cohort 2 Request for Application](#)
 - [EOM Cohort Fact Sheet](#)
 - [EOM Cohort 2 Announcement FAQs](#)
 - [EOM Application Portal User Guide](#)
 - [EOM RFA Portal Demonstration](#)
- **EOM Factsheets**
 - [EOM PGP Factsheet](#)
 - [EOM Payer Factsheet](#)
 - [EOM Benchmarking Factsheet](#)
 - [Benefit Enhancements Factsheet](#)
 - [EOM Health Equity Strategy Factsheet](#)
 - [EOM ePROs Factsheet](#)
- **Additional Resources**
 - [EOM Payment Methodology](#)
 - [EOM Clinical Data Elements Guide](#)
 - [EOM Quality Measures Guide](#)
 - [EOM Sociodemographic Data Element Guide](#)
 - [EOM Health Related Social Needs Guide](#)
 - [EOM Electronic Patient Reported Outcomes Guide](#)
 - [EOM 2024 Health Equity Plan Guide \(PDF\)](#)
- **Drug lists**
 - [EOM Initiating Therapies Effective July 2024](#)
 - [EOM Novel Drug Therapies List \(May 2024\)](#)



CONTACT INFO

Stay up to date on upcoming model events and get the latest EOM information:



Visit EOM's Website

innovation.cms.gov/innovation-models/enhancing-oncology-model



Help Desk

EOM@cms.hhs.gov

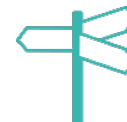
1-888-734-6433 Option 3

Stay Connected



Subscribe to receive updates on EOM

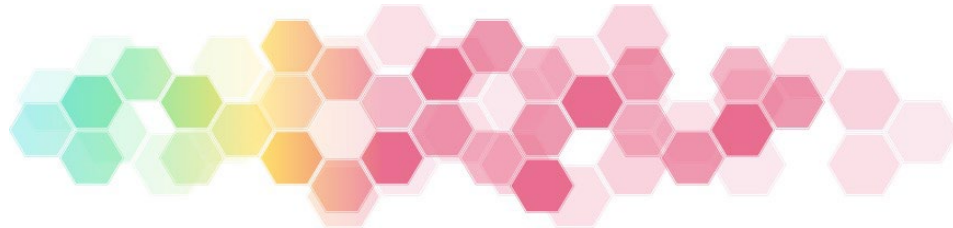
<https://public.govdelivery.com/accounts/USCMS/subscriber/topics/>



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THANK YOU



ENHANCING ONCOLOGY
MODEL

APPENDIX

MODEL BASELINE PERIOD AND MODEL PERFORMANCE PERIOD

Model Baseline Periods:

Episodes Initiating July 1, 2016 – June 30, 2020

BP1 July 1, 2016 to December 31, 2016

BP2 January 1, 2017 to June 30, 2017

BP3 July 1, 2017 to December 31, 2017

BP4 January 1, 2018 to June 30, 2018

BP5 July 1, 2018 to December 31, 2018

BP6 January 1, 2019 to June 30, 2019

BP7 July 1, 2019 to December 31, 2019

BP8 January 1, 2020 to June 30, 2020

Model Performance Periods:

Episodes Initiating July 1, 2023 – December 31, 2029

PP1 July 1, 2023 to December 31, 2023

PP2 January 1, 2024 to June 30, 2024

PP3 July 1, 2024 to December 31, 2024

PP4 January 1, 2025 to June 30, 2025

PP5 July 1, 2025 to December 31, 2025

PP6 January 1, 2026 to June 30, 2026

PP7 July 1, 2026 to December 31, 2026

PP8 January 1, 2027 to June 30, 2027

PP9 July 1, 2027 to December 31, 2027

PP10 January 1, 2028 to June 30, 2028

PP11 July 1, 2028 to December 31, 2028

PP12 January 1, 2029 to June 30, 2029

PP13 July 1, 2029 to December 31, 2029*

*Model performance period ends on June 30, 2030, when all PP13 episodes have ended.



DEFINING ELIGIBLE PARTICIPANTS



EOM Participant

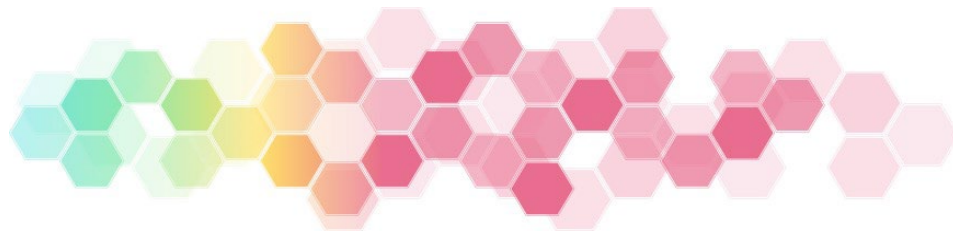
Must be a **Medicare-enrolled oncology physician group practice (PGP)** identifiable by a unique federal taxpayer identification number (TIN)

- EOM Practitioner List: Must identify **one or more EOM practitioner(s)**, including at least one EOM practitioner must be an oncology practitioner with a specialty code of Hematology/Oncology or Medical Oncology
- Unlike in OCM, EOM participants are allowed to have limited billing overlap (practitioners who also provide oncology care under other TINs)



Excluded

- Oncology PGPs that routinely refer beneficiaries to Prospective Payment System (PPS)-Exempt Cancer Hospitals (PCH) for cancer treatment are not eligible to participate
- In addition, Critical Access Hospitals (CAHs), Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs) are also excluded



DEFINING ELIGIBLE BENEFICIARIES

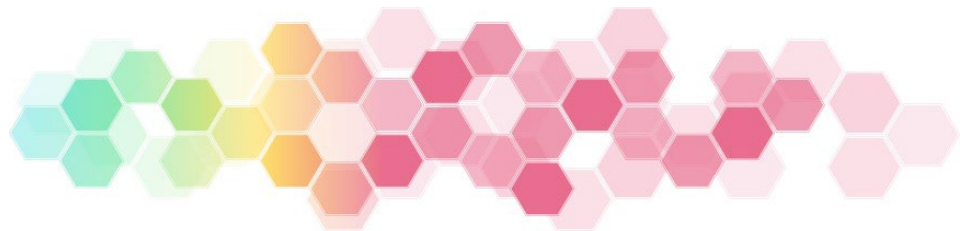


Eligible Beneficiary

CMS will include a Medicare FFS beneficiary in EOM if they satisfy the below criteria and are in an episode attributed to an EOM participant

Beneficiary Eligibility Criteria:

- Has a diagnosis for an included cancer type
- Receives an initiating cancer therapy that triggers an episode
- Receives a qualifying E&M service from an oncology PGP during the episode
- Is eligible for Medicare Part A and enrolled in Medicare Part B for the entirety of the episode
- Is not enrolled in any Medicare managed care organization, such as Medicare Advantage, at any point during the episode
- Is not eligible for Medicare on the basis of an End Stage Renal Disease (ESRD) diagnosis at any point during the episode
- Medicare is the primary payer for the entirety of the episode



EOM EPISODES

INCLUDED CANCER TYPES

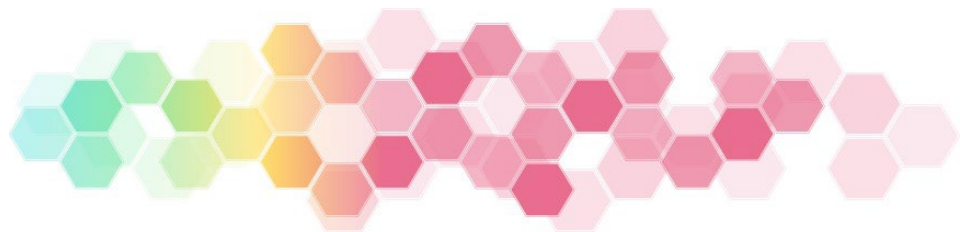
Subject to certain exceptions, **seven cancer types** will be included in EOM. These include high-risk breast cancer, chronic leukemia, small intestine/colorectal cancer, lung cancer, lymphoma, multiple myeloma, and high-risk prostate cancer

INITIATING CANCER THERAPIES

Each episode will begin with a **beneficiary's receipt of an initiating cancer therapy** and **must include a qualifying Evaluation & Management (E&M) service** during the 6-month period that follows. CMS will maintain a list of initiating cancer therapies

ATTRIBUTION

Attribution of episodes goes to the eligible oncology PGP that provides the first qualifying E&M service after the initiating cancer therapy. The PGP must provide at least 25% of the cancer-related E&M services during the episode. If the initiating oncology PGP does not bill at least 25% of cancer-related E&M services during the episode, then attribute episodes based on the *plurality* of cancer-related E&M services at an oncology PGP



PAYMENT STRATEGY

Two Part Payment Approach*

Monthly Enhanced Oncology Services (MEOS) Payment






Retrospective Performance-Based Payment (PBP) or Recoupment (PBR)*

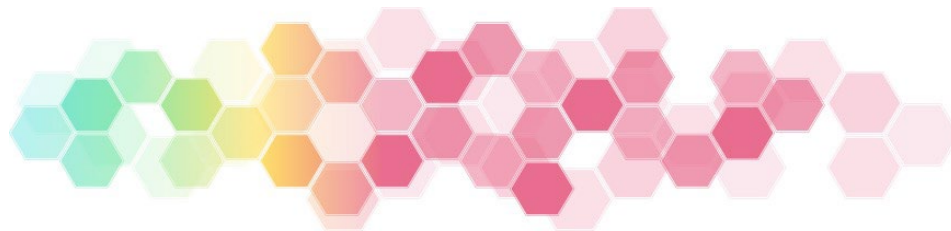
EOM participants will have the option to bill MEOS payments for Enhanced Services furnished to EOM beneficiaries

The base MEOS payment amount will be **\$110 per beneficiary per month**. CMS will pay an additional **\$30 per dually eligible beneficiary per month** that is excluded from the total cost of care

EOM participants and pools will be responsible for **the total cost of care (TCOC)** (including drugs) for each attributed episode. Based on total expenditures and quality performance, participants or pools may:

-  Earn a PBP
-  Owe a PBR
-  Fall into the Neutral Zone

*FFS billing will continue during the model.



CARE PARTNERS AND POOLING

Care Partner

EOM participants may elect to enter financial arrangements with certain individuals or entities called “Care Partners”

For purposes of EOM, the term “Care Partner” means **any Medicare-enrolled provider or supplier that:**

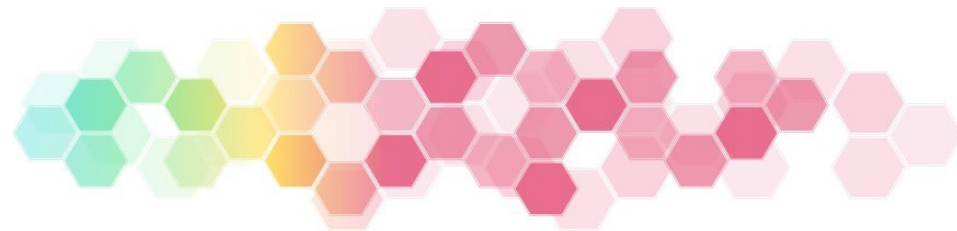
1. Engages in at least one of the Participant Redesign Activities (PRAs) during a performance period
2. Has entered a Care Partner arrangement with an EOM participant
3. Is identified on the EOM participant’s Care Partner list, and
4. Is not an EOM practitioner

Pooling of EOM Participants

Pooling means that **two or more EOM participants** combine their information for reconciliation calculations:

- A pool has a single benchmark amount
- A pool may earn a single Performance-Based Payment (PBP) or owe a single Performance-Based Recoupment (PBR)

Pools may be voluntary or mandatory (due to high billing overlap)



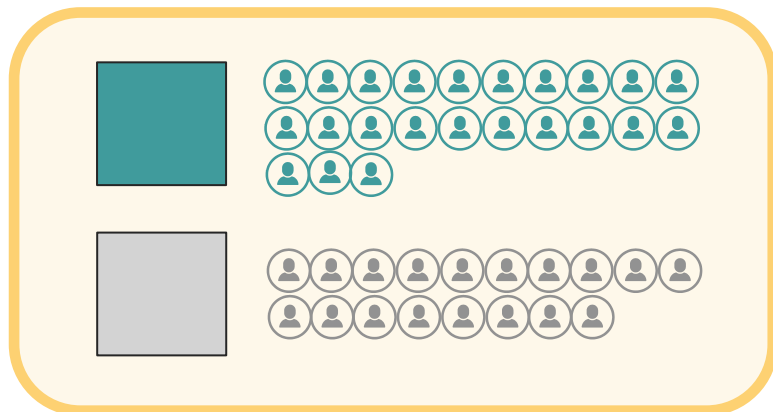
POOLING ARRANGEMENTS

Two or more EOM participants may choose to **form a pool**. EOM participants who pool together combine their information for reconciliation calculations.

For each performance period:

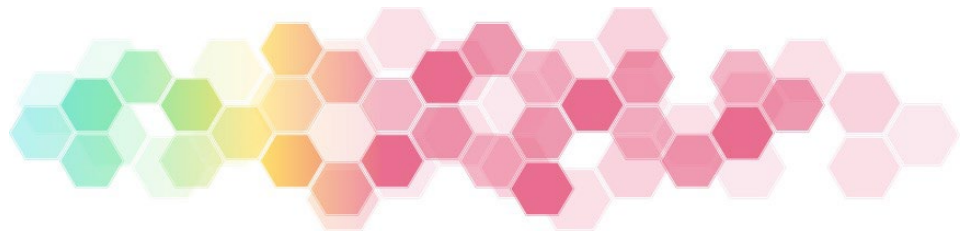
- Pooled participants select a **single risk arrangement** for their pool
- Episodes attributed to EOM participants in the pool are all **reconciled together**
- The pool receives a **single target amount** and may earn a **single PBP**, owe a **single PBR**, or fall into the neutral zone

Benchmark amounts, actual expenditures, eligibility for novel therapy adjustments, and quality performance are determined by a larger set of episodes when EOM participants pool together.



This may be especially helpful for EOM participants with fewer attributed episodes in allowing for:

- more predictable benchmarking
- performance less sensitive to atypical episodes

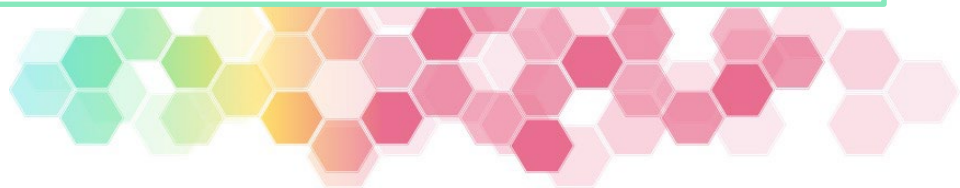


MODEL OVERLAP

Model Overlap

EOM participants are generally permitted to participate in **other CMS models and programs** during the model performance period (July 2023-June 2030). These CMS models and programs may include, but are not necessarily limited to:

- ACO Realizing Equity, Access, and the Community Health (REACH) Model (previously known as the Global and Professional Direct Contracting Model)
- Vermont All-Payer ACO, the Medicare Shared Savings Program (Shared Savings Program)
- The three Comprehensive Kidney Care Contracting (CKCC) Options in the Kidney Care Choices (KCC) Model
- Bundled Payments for Care Improvement Advanced (BPCI-A) Model
- Comprehensive Care for Joint Replacement (CJR) Model
- Primary Care First (PCF) Model
- Maryland Total Cost of Care (TCOC) Model
- Pennsylvania Rural Health Model (PARHM)
- Making Care Primary (MCP) Model
- Guiding an Improved Dementia Experience (GUIDE) Model



DATA SHARING AND HEALTH IT

EOM PARTICIPANT DATA SHARING

DATA COLLECTION STRATEGY

Electronically enabled mechanism to report model-related data obtained from the EOM participant's own health IT

TYPES OF DATA

1. Quality measure data
2. Clinical and staging data
3. Beneficiary-level sociodemographic data

TIMING

EOM participants will be required to report data at a time and manner specified by CMS, but no more than **once per performance period**

CMS DATA SHARING WITH PGP

CMS makes various data available, upon request, to EOM participants, such as:



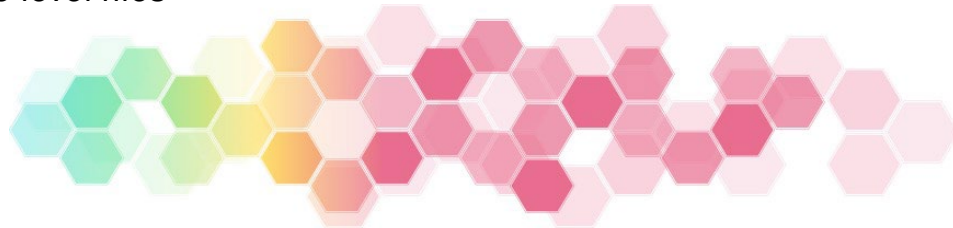
Quarterly updates to feedback reports and dashboards



Semiannual reconciliation reports, attribution lists, and episode-level files



As often as **Monthly** claims Data

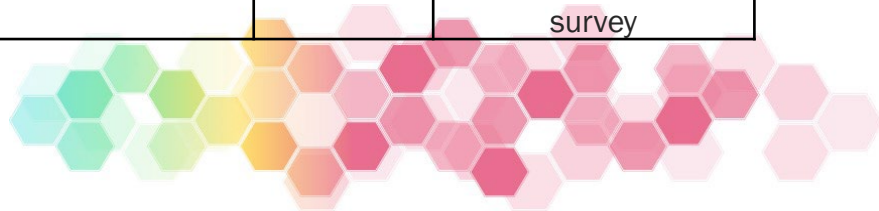


EOM QUALITY MEASURES



Measure Title	EOM Measure Number	Domain	Measure Source	Type of Reporting by EOM Participant
Claims-based Measures				
Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (OP-35 Respecified)	EOM-1	Avoidable acute care utilization	Claims-based	None. Calculated by CMS using Administrative Data
Proportion of Patients who Died who Were Admitted to Hospice for 3 Days or More	EOM-2	Management of end-of-life care	Claims-based	None. Calculated by CMS using Administrative Data
Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	EOM-3	Management of end-of-life care	Claims-based	None. Calculated by CMS using Administrative Data
Participant-Reported Measures				
Pain Assessment and Management Set: a) Oncology: Medical and Radiation - Pain Intensity Quantified (NQF 0384; CMS Quality ID # 143) b) Oncology: Medical and Radiation - Plan of Care for Pain (NQF 0383; CMS Quality ID #144)	EOM-4 (composed of EOM-4a and EOM-4b)	Management of symptoms toxicity	EOM Participant Reported	Reported in aggregate across all patients
Preventive Care and Screening: Screening for Depression and a Follow-Up Plan (NQF 0418; CMS Quality ID #134)	EOM-5	Management of psychosocial health	EOM Participant Reported	Reported in aggregate across all patients
Patient-Reported Measure				
Patient-Reported Experience of Care Survey	EOM-6	Patient Experience	Patient Reported	None. Patient-reported; CMS fields survey

For more detailed information on EOM Quality Measure Data, refer to [EOM Quality Measures Guide](#)



QUALITY MEASURES (SLIDE 2 OF 2)

EOM's quality strategy includes an **enhanced quality measures set** that aims to **promote better care across the spectrum of treatment**, including end-of-life care, where opportunities for improvement are clear. Excellent performance in quality measures can either **maximize performance-based payments (PBP)** or **reduce potential performance-based recoupments (PBR)** amounts.



To calculate quality performance, CMS will:

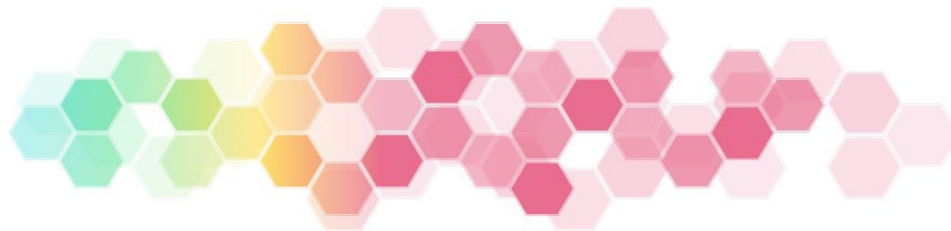
- 1.** Compare an EOM participant's or pool's performance on each measure to the measure's benchmarks
- 2.** Calculate the EOM participant's or pool's aggregate quality score (AQS)
- 3.** Cross-walk the EOM participant's or pool's AQS to the PBP performance multiplier or PBR performance multiplier, as appropriate

Example PBP Performance Multiplier

AQS (% of maximum points)	PBP Performance Multiplier
≥75% to 100%	100%
≥50% and <75%	75%
≥30% and <50%	50%
Less than 30%	0%

Example PBR Performance Multiplier

AQS Range (% of maximum points)	PBR Performance Multiplier
≥75% to 100%	90%
≥50% and <75%	95%
≥30% and <50%	100%
Less than 30%	100%



EOM CLINICAL DATA ELEMENTS (CDE) REPORTING

EOM participants will be required to collect and submit to CMS certain **beneficiary-level, clinical data elements**, not available in claims data or captured in the quality measures, on a **semiannual** basis

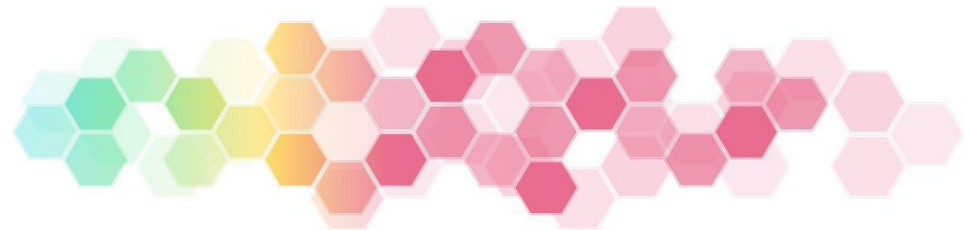
Clinical Data

EOM participants will be required to report all required clinical data elements for the attributed cancer type to CMS on at least a **minimum of 90%** of attributed episodes in each performance period

Clinical Data Elements*

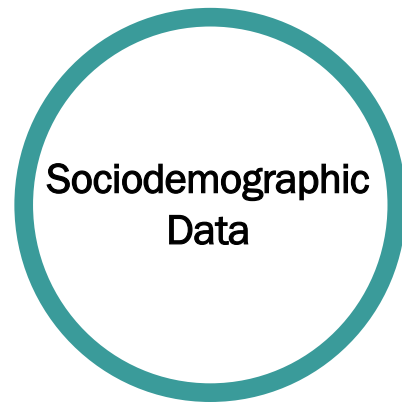
- Attributed Cancer Diagnosis: ICD-10 Diagnosis Code and Initial Date of Diagnosis
- Current Clinical Status Data and Current Clinical Status Date
- TNM Staging: Primary Tumor, Nodal Disease, Metastasis
- Tumor Markers: Estrogen Receptor, Progesterone Receptor, HER2 Amplification (Results, Test Specified and Test Quantity)
- Histology
- The [EOM Clinical Data Elements Guide](#) is available on EOM Connect and the [model website](#)

** **Note:** For additional information and criteria regarding clinical adjusters for episodes involving certain cancer types, refer to Section 4.1.3, “Clinical Adjusters”, in the EOM Payment Methodology document on the [EOM website](#)*



SOCIODEMOGRAPHIC DATA ELEMENTS (SDE)

EOM participants will be required to collect and submit sociodemographic data on EOM beneficiaries* to CMS:



- Race
- Ethnicity
- Preferred Language
- Sex
- Gender Identity
- Sexual Orientation
- Disability Status

Please see the [EOM SDE Guide](#) for additional information and resources to guide EOM participants with sociodemographic data collection.

* List subject to change. While CMS believes in the importance of collecting complete and accurate data, to avoid discouraging beneficiaries from accessing care from EOM participants, EOM participants will not be required to report to CMS sociodemographic data for any EOM beneficiary who chooses not to provide such data

