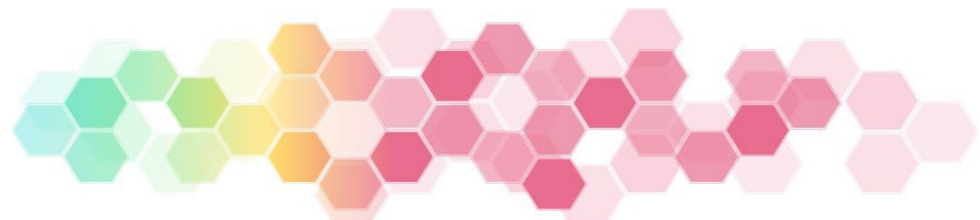


# ENHANCING ONCOLOGY

## MODEL

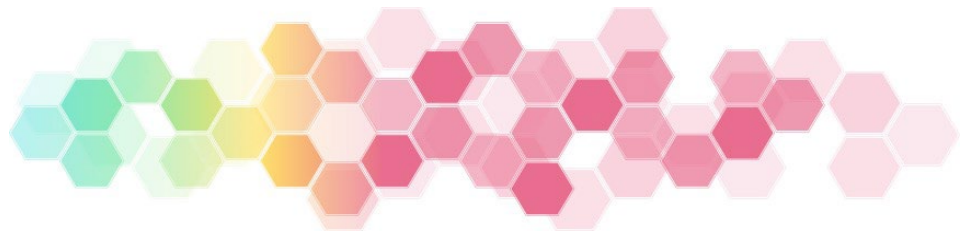
**EOM OVERVIEW AND APPLICATION SUPPORT  
WEBINAR**

**JUNE 24, 2024**



# AGENDA

- 1) CMS Innovation Center Introduction
- 2) EOM Background
- 3) Model Goals and Design
- 4) Timeline and Next Steps
- 5) Q&A Session
- 6) Closing



# TODAY'S PRESENTERS



**Batsheva Honig**  
*EOM Team Lead*

CMS Innovation  
Center



**Elizabeth Ela**  
*EOM Payment Lead*

CMS Innovation  
Center



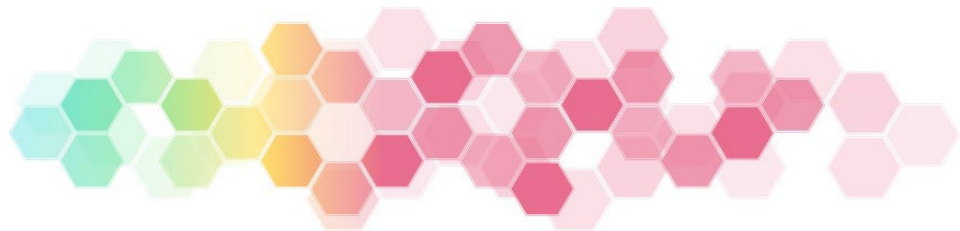
**Priya Chatterjee**  
*EOM Quality and  
Health Equity Lead*

CMS Innovation  
Center

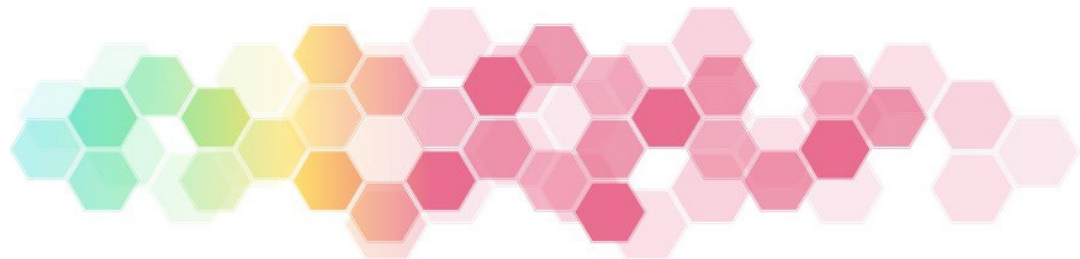


**Mike Berkery**  
*EOM Data & Payer  
Lead*

CMS Innovation  
Center



# THE CMS INNOVATION CENTER INTRODUCTION



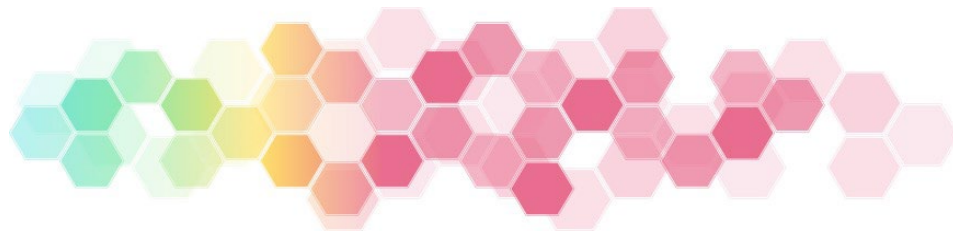
# STATUTORY AUTHORITY FOR CMMI



The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles



The CMS Innovation Center was established by section 1115A of the Social Security Act (the “Act”) (as added by section 3021 of the Affordable Care Act)



# CMMI BACKGROUND

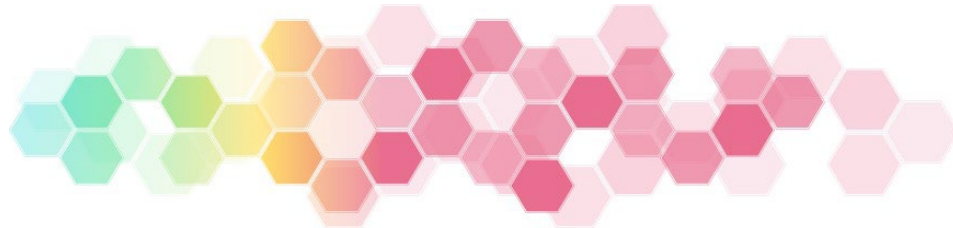
Created for the purpose of developing and testing innovative health care payment and service delivery models within Medicare, Medicaid, and CHIP programs nationwide

## Innovation Center Priorities and Strategic Refresh

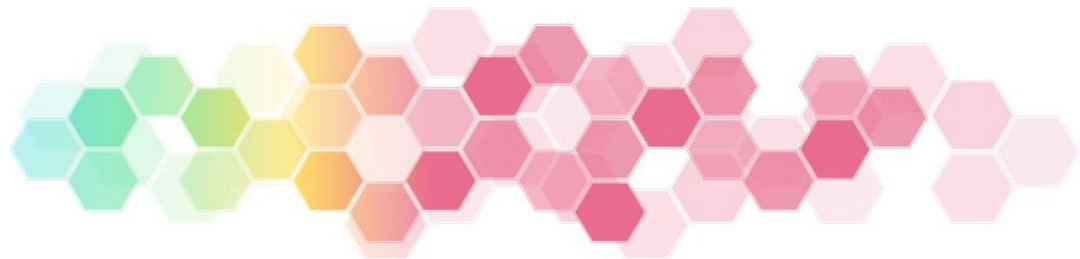


Strategic Refresh White Paper is available at <https://innovation.cms.gov/strategic-direction-whitepaper>

**CMS defines health equity as:** The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes



# EOM BACKGROUND



# OVERVIEW OF EOM

EOM aims to drive care transformation and reduce Medicare costs

## FOCUS



**Voluntary payment and delivery model.** The second cohort is scheduled to begin July 2025 and conclude June 2030. The model focuses 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**

## PARTICIPANTS



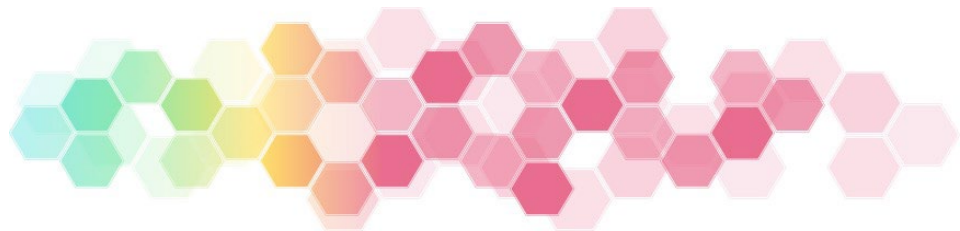
**Oncology Physician Group Practices (PGPs)** and **other payers** (e.g., commercial payers, state Medicaid agencies) through multi-payer alignment

## 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)** 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 Cohort 1 began on July 1, 2023, with a model completion 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)

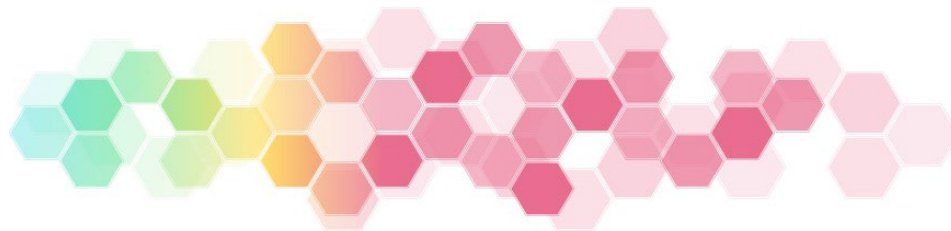
The base MEOS payment amount of \$70 per beneficiary per month (PBPM). An additional \$30 PBPM for episodes involving dually eligible beneficiaries. Therefore, the total MEOS payment amount for a dually eligible beneficiary to \$110 PBPM

MEOS payments billed with a date of service on or after January 1, 2025, the base MEOS payment amount will be \$110 PBPM. The additional \$30 PBPM for episodes involving dually eligible beneficiaries will remain unchanged and will continue to be excluded from the total cost of care. Therefore, the total MEOS payment amount for a dually eligible beneficiary will increase to \$140 PBPM effective January 1, 2025

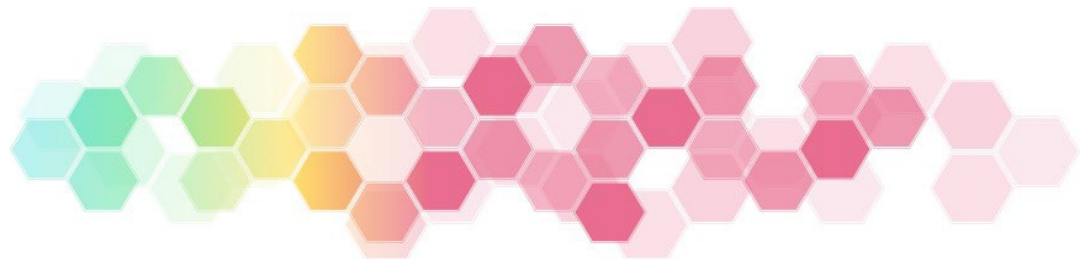
### Risk Arrangements

For Risk Arrangement 1 and Risk Arrangement 2, the threshold for recoupment is 98% of the benchmark

For Risk Arrangement 1 and Risk Arrangement 2, the threshold for recoupment is 100% of the benchmark amount. This change applies to all episodes initiating on or after January 1, 2025



# MODEL GOALS AND DESIGN



# ELIGIBILITY: DEFINING EOM PARTICIPANTS AND PRACTITIONERS



## EOM Participant

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

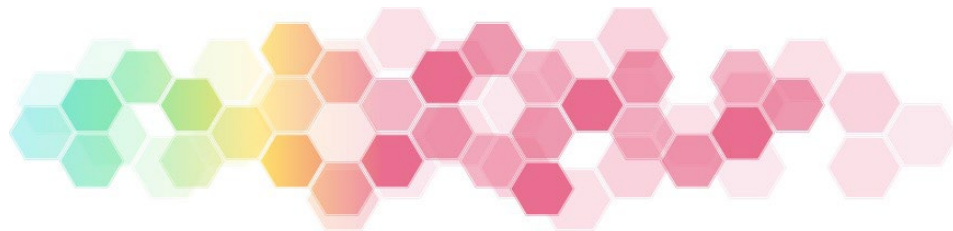
- **EOM Practitioner List:** Must identify **one or more EOM practitioner(s)**, including at least one oncology practitioner with a specialty code of Hematology/Oncology or Medical Oncology
- **Excluded:** Oncology PGPs that routinely refer beneficiaries to Prospective Payment System (PPS)-Exempt Cancer Hospitals (PCH) 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
- Unlike in OCM, EOM participants are allowed to have limited billing overlap (practitioners who also provide oncology care under other TINs)



## EOM Practitioner

Must be a **Medicare-enrolled physician or non-physician practitioner** (e.g., Nurse Practitioner) identified by an individual National Provider Identifier (NPI) who:

1. Furnishes E&M services to Medicare beneficiaries receiving chemotherapy for a cancer diagnosis
2. Bills under the TIN of the PGP for such services
3. Reassigned his or her right to receive Medicare payments to the PGP
4. Appears on the participant's EOM Practitioner List (to be updated semiannually)



# EOM EPISODES

## INCLUDED CANCER TYPES

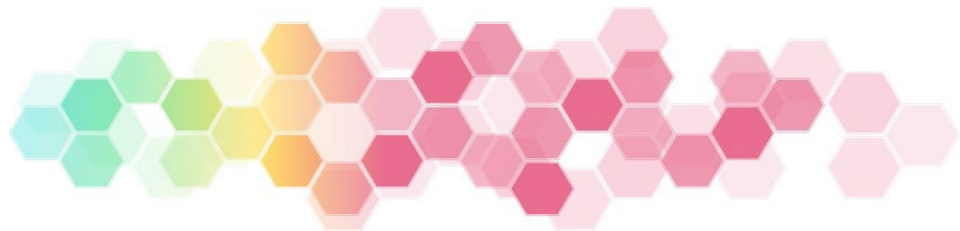
Subject to certain exceptions, **seven cancer types** will be included in EOM. These include high-risk breast cancer, chronic leukemia, small intestine/colorectal cancer, lung cancer, lymphoma, multiple myeloma, and high-risk prostate cancer

## 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

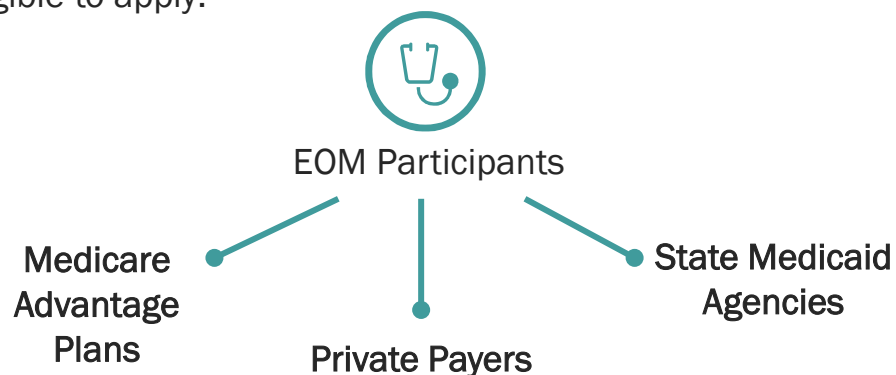


# PAYER ALIGNMENT

EOM is a multi-payer model.

**Goal:** Payers align their oncology value-based payment models with EOM in key areas (e.g., commitment to health equity, alignment on payment approach, and data sharing with EOM participants and CMS) to promote a consistent approach across payers and patient populations

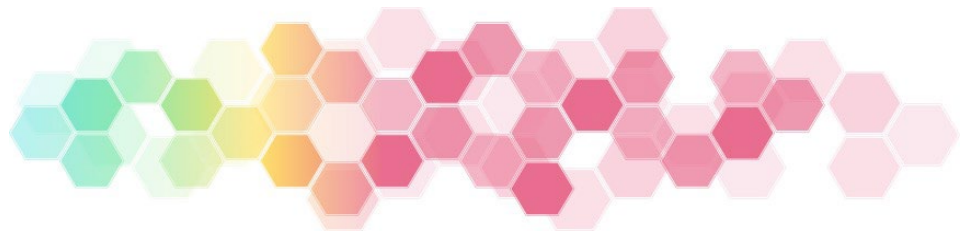
The following payers are eligible to apply:



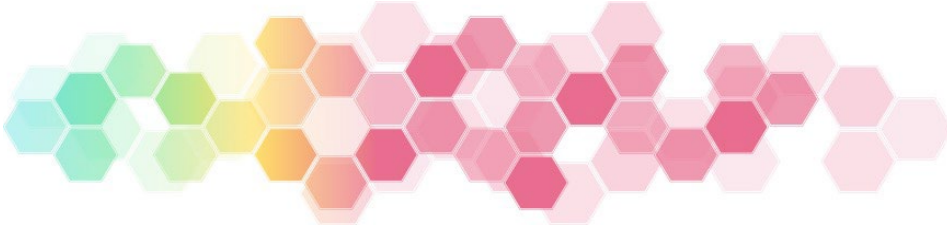
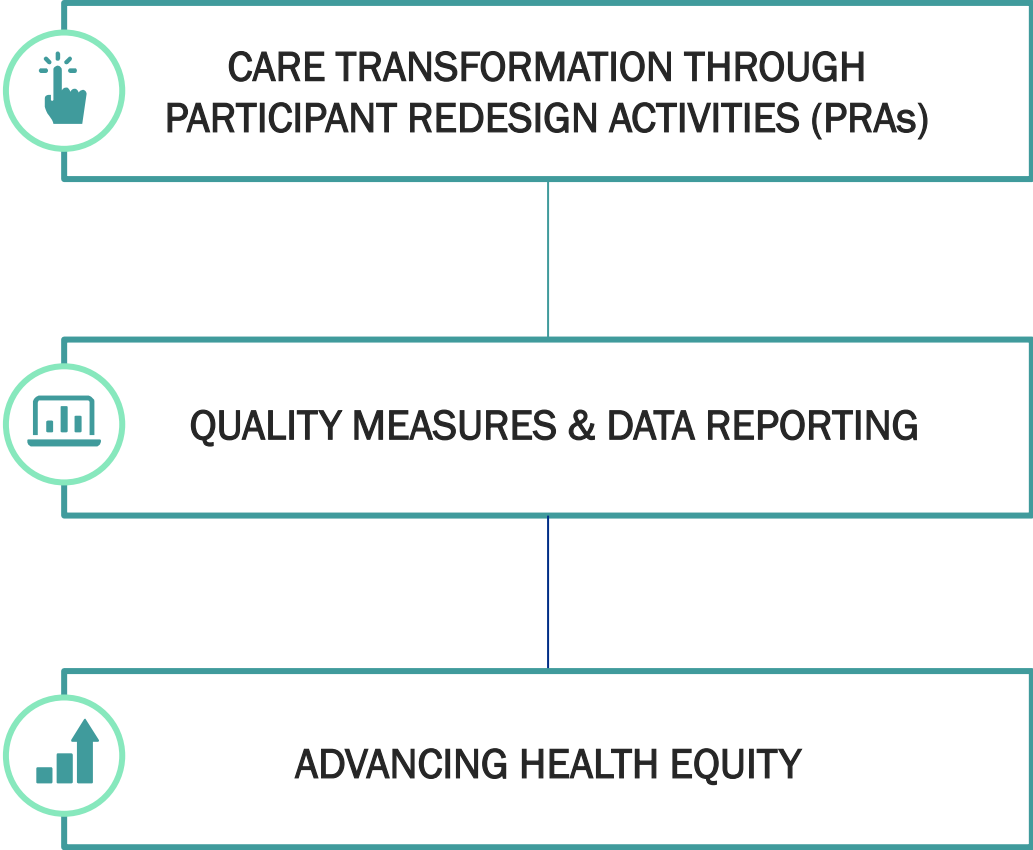
Payers must partner with at least one EOM participant **throughout the entirety of the model** to continue participating in EOM

To the extent permitted by law, CMS will provide **payers with data and resources** including opportunities to collaborate and engage with other payers and learning activities









EOM currently has 3 active payers and will open the second cohort to include additional payers

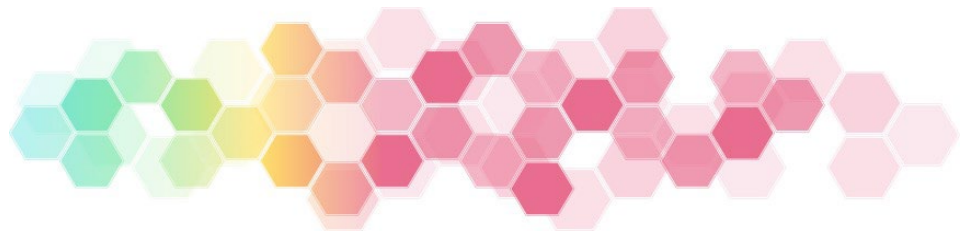


# QUALITY STRATEGY



# CARE TRANSFORMATION THROUGH PARTICIPANT REDESIGN ACTIVITIES (PRAS)

-  Provide beneficiaries **24/7 access** to an appropriate clinician with real-time access to the EOM participant's medical records
-  Provide **patient navigation**, as appropriate, to EOM beneficiaries
-  Document a **care plan** for each EOM beneficiary that contains the 13 components of the Institute of Medicine (IOM) Care Management Plan
-  Treat beneficiaries with therapies in a manner consistent with nationally recognized **clinical guidelines**
-  Identify EOM beneficiary **health-related social needs** using a health-related social needs screening tool
-  Collect and monitor **electronic Patient Reported Outcomes (ePROs)**
-  **Utilize data** for continuous quality improvement (CQI), including the development of a health equity plan
-  Use **certified Electronic Health Records (EHR) Technology (CEHRT)**



# QUALITY MEASURES & DATA COLLECTION

EOM will include valid, reliable, and meaningful claims-based, participant-reported, and survey measures. Performance on these measures will be tied to payment: EOM participants are required to submit data to CMS for monitoring, evaluation, and payment.



## QUALITY MEASURE DATA

EOM participants **collect and report** data to CMS, **no more than once annually** to align with MIPS calendar year submission..

Quality measures will focus on the following domains:

- Patient experience
- Avoidable acute care utilization
- Management of systems toxicity
- Management of psychosocial health
- Management of end-of-life care

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



## CLINICAL DATA

EOM participants **collect and report** clinical data elements (CDE) to CMS **once per performance period** that are not available in claims or captured in the quality measures. Such as:

- ICD-10-CM Diagnosis Code
- Current Clinical Status Data and TNM Staging: Primary Tumor, Nodal Disease, Metastasis
- Tumor Markers including Estrogen Receptor, Progesterone Receptor, HER2 Amplification
- Histology

For more detailed information on EOM CDEs, refer to the [EOM CDE Guide](#).



## SOCIODEMOGRAPHIC DATA

EOM participants **collect and report** sociodemographic data elements (SDE) to CMS **once per performance period**. Such as:

- Race
- Ethnicity
- Sex
- Language preference
- Sexual orientation
- Gender identity, and
- Disability status

For more detailed information on EOM SDEs, refer to the [EOM SDE Guide](#).



# HEALTH EQUITY

EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:



Incentivize care for underserved communities



Collect and report beneficiary-level sociodemographic data



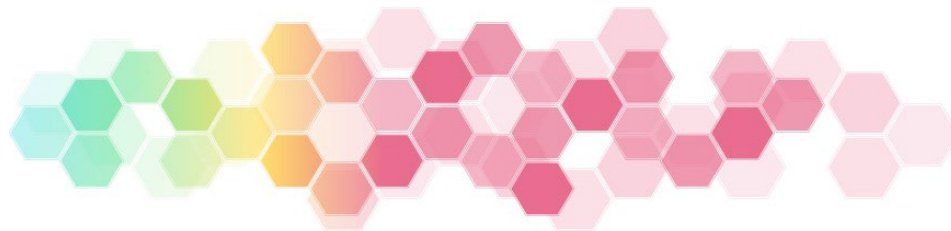
Identify and address health-related social needs (HRSN)



Improve access to treatment and care planning



Develop Health Equity plans (HEP), as part of use of data for Continuous Quality Improvement (CQI)



# 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 PGPs

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

# TWO-PART PAYMENT APPROACH

## EPISODE DURATION AND SCOPE



Episodes will last for **6 months** after a beneficiary's triggering initiating cancer therapy claim. Episodes are excluded if the beneficiary was diagnosed with COVID-19, received chimeric antigen receptor T-cell therapy (CAR-T), or received bispecific antibodies (BsAbs)

### Monthly Enhanced Oncology Services (MEOS) Payment

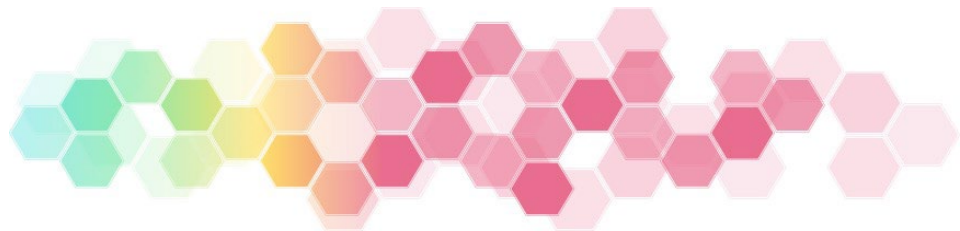
The base MEOS payment amount will be **\$110** per EOM beneficiary per month

**Beneficiaries dually eligible for Medicare and Medicaid:** CMS will pay an additional **\$30** per dually eligible beneficiary per month, for a total MEOS payment of **\$140** per beneficiary per month. The additional \$30 will not count toward the EOM participant's total cost of care responsibility

### Performance-Based Payment (PBP) or Recoupment (PBR)\*

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

- Earn a PBP
- Owe a PBR
- Fall into the neutral zone (neither earn a PBP nor owe a PBR)



# PBP, PBR, AND NEUTRAL ZONE

## PERFORMANCE BASED PAYMENT



**Total Expenditures < Target Amount**

EOM participants or pools may earn a PBP if total expenditures for attributed episodes are below a risk-adjusted target amount

## PERFORMANCE BASED RECOUPMENT



**Total Expenditures > Threshold for Recoupment**

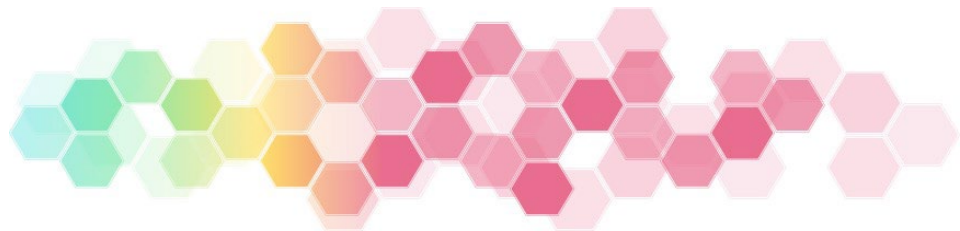
EOM participants or pools will owe a PBR if total expenditures for attributed episodes exceed the threshold for recoupment

## NEUTRAL ZONE



**Target Amount < Total Expenditures ≤ Threshold for Recoupment**

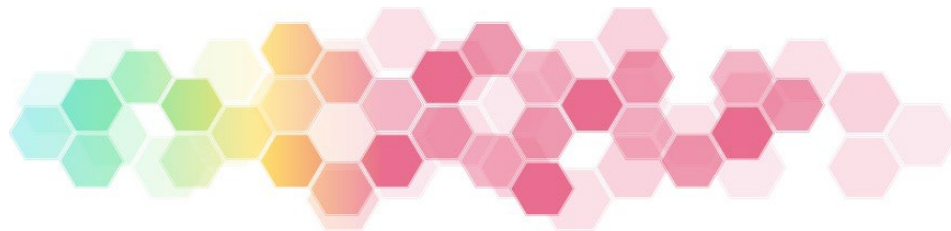
EOM participants or pools will fall into the neutral zone (neither earning a PBP nor owing a PBR) if total expenditures for attributed episodes are above the target amount and below or equal to the threshold for recoupment



# RISK ARRANGEMENT OPTIONS

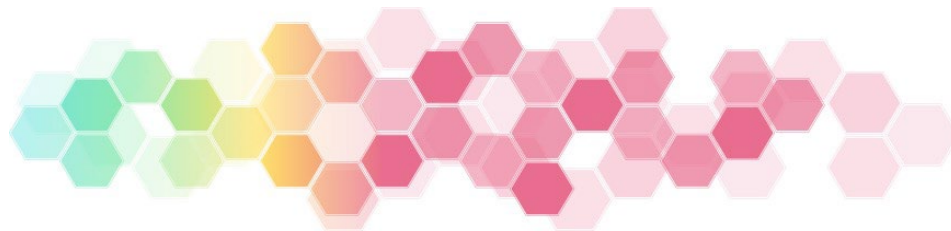
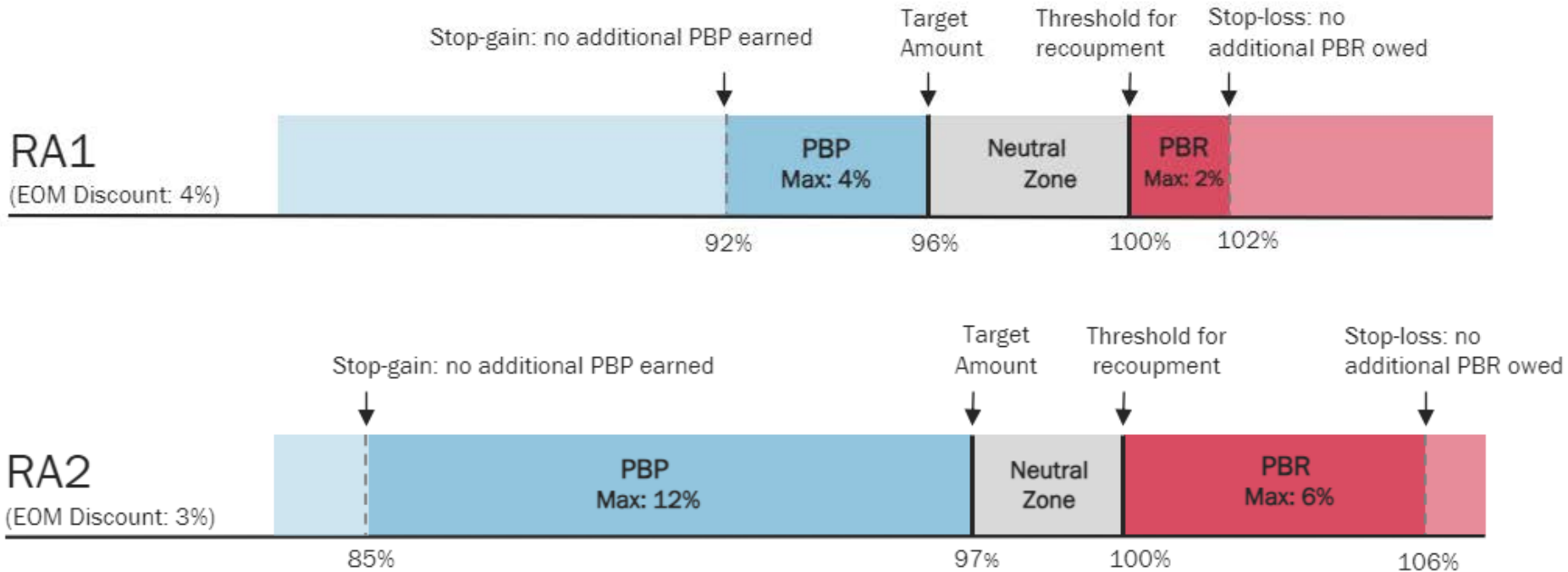
Amounts of PBP earned or PBR owed by the EOM participant or pool will be calculated as a percentage of the benchmark amount. The benchmark amount represents the total projected cost of attributed episodes in the absence of EOM

	Risk Arrangement 1 (RA1)	Risk Arrangement 2 (RA2)
EOM Discount	4% of the benchmark amount	3% of the benchmark amount
Target Amount	96% of the benchmark amount	97% of the benchmark amount
Threshold for Recoupment	100% of the benchmark amount	100% of the benchmark amount
Stop-loss / Stop-gain	2% Stop-Loss 4% Stop-Gain	6% Stop-Loss 12% Stop-Gain



# EOM RISK ARRANGEMENTS

Performance Period Expenditures as a Percentage of Benchmark Amount, by Risk Arrangement



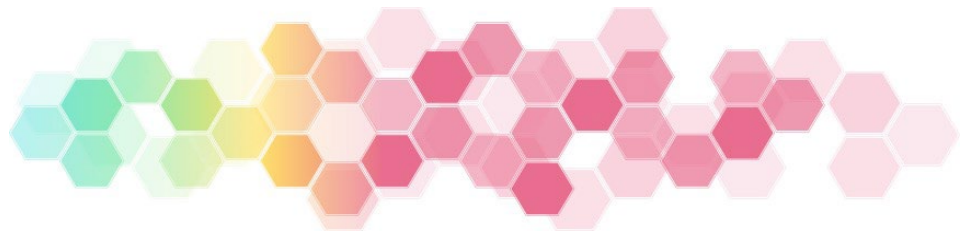
# QUALITY PAYMENT PROGRAM

## Advanced Alternative Payment Model (Advanced APM)

▶ Risk Arrangement 2 of EOM will meet the criteria under 42 CFR § 414.1415 to be an **Advanced Alternative Payment Model (Advanced APM)**. See the Advanced APM section in EOM's RFA for additional information

## Merit-based Incentive Payment System (MIPS)

▶ Both Risk Arrangement 1 and Risk Arrangement 2 of EOM will meet the criteria to be a **Merit-based Incentive Payment System (MIPS) APM**. See the MIPS section in EOM's RFA for additional information



# CARE PARTNERS AND MODEL OVERLAP

## Care Partner

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

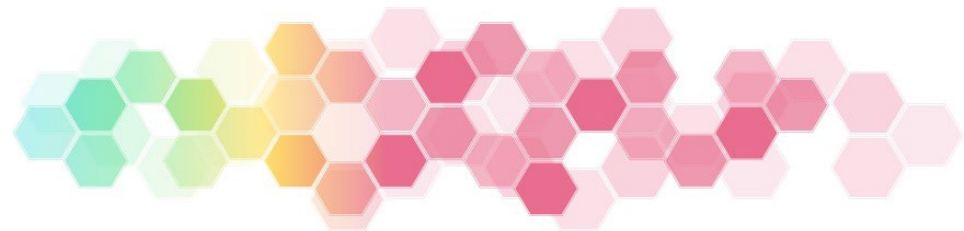
For purposes of EOM, the term “Care Partner” means **any Medicare-enrolled provider or supplier that:**

1. Engages in at least one of the 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

## Model Overlap

Oncology PGPs participating in **other CMS models and programs** that provide health care entities with opportunities to improve care and reduce spending during the model performance period (July 2024-June 2030) will **also be eligible to participate**

- More information on model overlap is currently available in the EOM RFA
- Model overlap will be discussed in more detail in future webinars
- CMS may adjust episode expenditures to account for overlap with other CMS programs and initiatives





# WAIVERS

**Any payment and programmatic waivers will be issued separately**

**Benefit enhancements:** To emphasize high-value services and support the ability of EOM participants to manage the care of beneficiaries, we believe it is necessary to utilize the authority under section 1115A(d)(1) of the Act to conditionally waive certain Medicare payment requirements as part of testing certain benefit enhancements under EOM



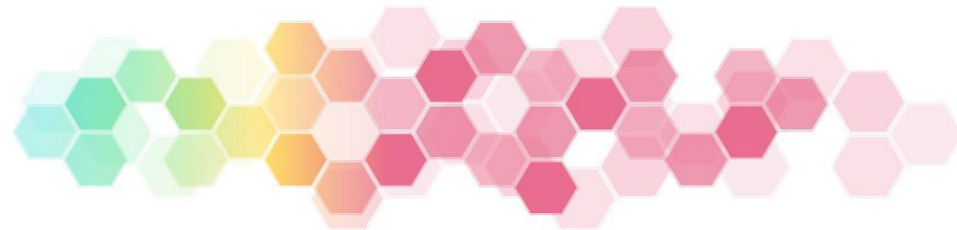
**Telehealth Benefit Enhancement**



**Post-Discharge Benefit Enhancement**



**Care Management Home Visits Benefit Enhancement**



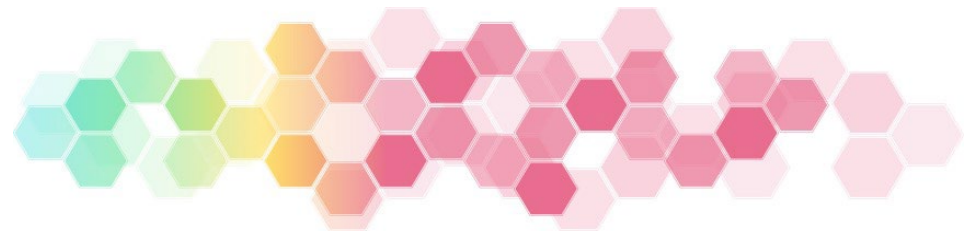
# MONITORING AND EVALUATION

## MONITORING

- CMS will conduct **monitoring activities** to evaluate compliance by the EOM participant, its EOM practitioners, and its Care Partners with the terms of the EOM Participation Agreement
- Monitoring is **designed to protect beneficiaries and program integrity**
- Monitoring data sources may include:
  - Claims analyses to identify fraudulent behavior or program integrity risks
  - Interviews with any individual participating in PRAs
  - Interviews with EOM beneficiaries, eligible beneficiaries, and their caregivers
  - Audits of charts, medical records, implementation plans, and other data from EOM participants
  - Site visits to EOM participants
  - Documentation requests to EOM participants

## EVALUATION

- CMS's independent evaluation contractor will employ a mixed-methods approach to assess the model's impacts on utilization, costs, quality, equity and the experiences of participants and patients



# EOM LEARNING COMMUNITY

*EOM Learning System will support the achievement of the EOM's Strategic goals through:*

1. Leveraging CMS and EOM participant and payer data to identify **promising practices and new knowledge**
2. Sharing and spreading promising practices and new knowledge through **learning communities and networks**
3. Information and work will be shared through **three communication channels**:\*
  1. From participant to participant
  2. From CMS to participants
  3. From participants to CMS

---

The EOM Learning System will be **based on novel aspects of EOM** and will also **build upon learnings from OCM**. It will include resources such as:



**ONLINE  
COLLABORATION  
PLATFORM**



**INNOVATION  
SPOTLIGHTS  
&  
PARTICIPANT  
DATA**

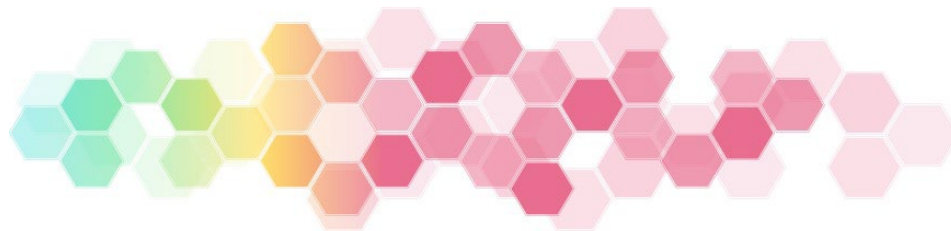


**AFFINITY AND  
ACTION GROUPS**

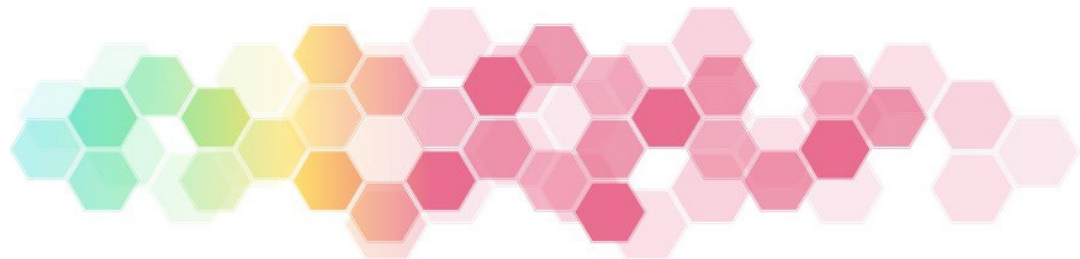


**WEBINARS**

\*The same communication channels will be used for payer communications

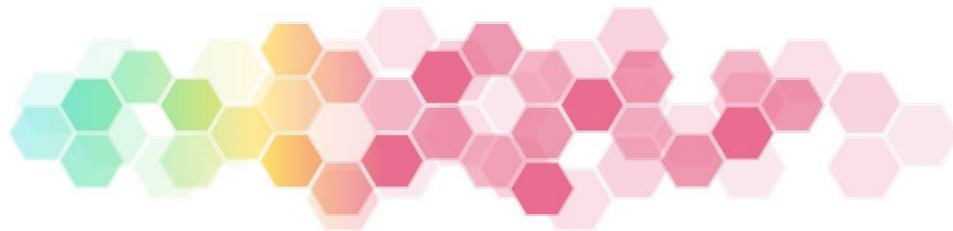


# TIMELINE AND NEXT STEPS



# COHORT 2 MODEL TIMELINE

Milestone	Planned Timing <sup>1</sup>
RFA released / Application portal opens	July 1, 2024
Application Deadline	September 16, 2024
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
Participant Agreement (PA) Signing	Early Spring 2025
Pre-implementation Period (Data will be made available to accepted applicants who sign the DRA for analysis during this period)	January 1, 2025 – June 30, 2025
Cohort 2 Model Start	Start July 1, 2025



# HOW TO APPLY

- ✓ **Application period for EOM will be open July 1<sup>st</sup>, 2024**  
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 <https://innovation.cms.gov/innovation-models/enhancing-oncology-model> for directions on how to access the EOM 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
- ✓ **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 <https://innovation.cms.gov/innovation-models/enhancing-oncology-model>. 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 Portal 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



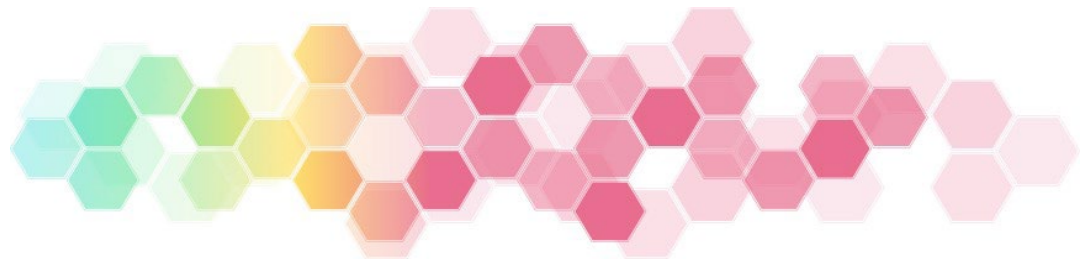
**REQUEST FOR  
APPLICATIONS (RFA)  
PORTAL DEMONSTRATION**



## Q&A

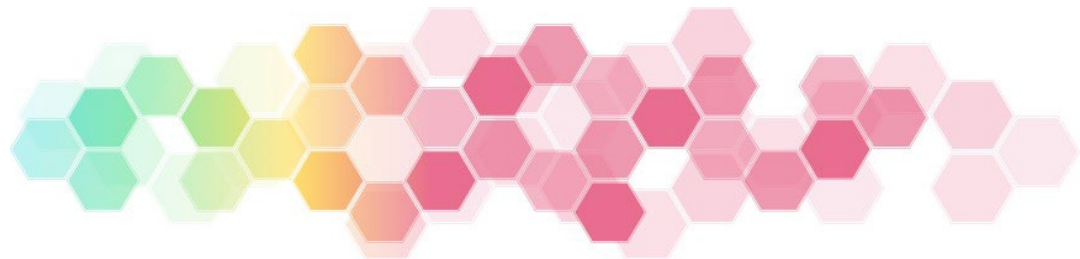
Please submit questions via the Q&A pod on the bottom of your screen

For questions specific to your organization, please email the EOM Team at [EOM@cms.hhs.gov](mailto:EOM@cms.hhs.gov)





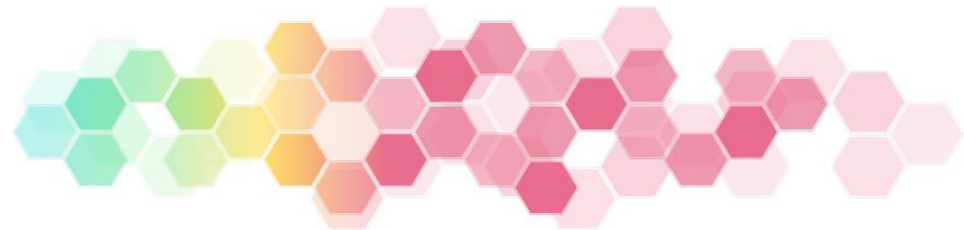
# REFERENCES



# 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 Guide](#)
- **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 2023 Health Equity Plan Guide \(PDF\)](#)
- **Drug lists**
  - [EOM Initiating Therapies Effective July 2024](#)
  - [EOM Novel Drug Therapies List \(May 2024\)](#)



# UPCOMING WEBINARS

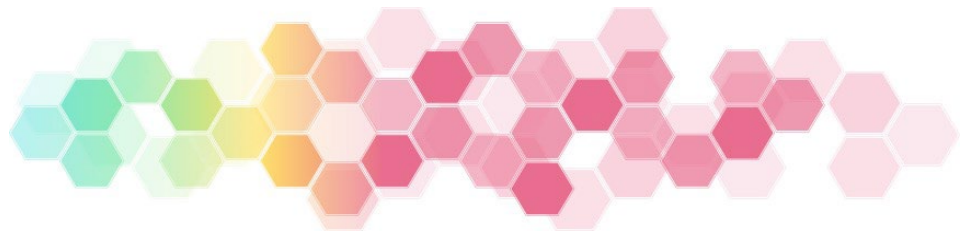


## July

- Payment Methodology Webinar, July 18th, 1:00-2:00 pm ET

## August

- Application Support Office Hour, August 1st
- Quality, Health Equity and Clinical Data Strategy Webinar, August 15th
- Application Support Office Hour – Second Session, August 29th



# CONTACT INFO

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



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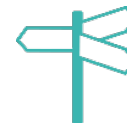
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