ENHANCING ONCOLOGY MODEL

ENHANCING ONCOLOGY MODEL (EOM) PAYMENT METHODOLOGY CHANGES

Effective July 1, 2024

May 1, 2024

Prepared by:

Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Table of Contents

Introduction

This communication describes updates to the EOM payment methodology, specifically concerning the calculation of performance period episode expenditures and the scoring methodology for EOM quality measures that are also used by the CMS Merit-based Incentive Payment System (MIPS).

Updates to the methodology for calculating performance period episode expenditures will be in effect for episodes initiating on or after July 1, 2024 (i.e., Performance Period 3 and beyond).

Updates to EOM benchmarks for participant-reported MIPS measures are effective starting with data reported for Calendar Year 2024, which will be used to evaluate performance on these measures for Performance Period 2 and Performance Period 3.

Performance Period Episode Expenditures Updates

Inflation Reduction Act

The Inflation Reduction Act (IRA) was signed into law on August 16, 2022. Under section 11201 of the IRA, Medicare's share of the gross drug cost above the part D out-of-pocket threshold (GDCA) will decrease from 80% to 40% for generic drugs and to 20% for brand-name drugs, effective January 1, 2025. So that EOM participants are not accountable for a higher percentage of generic drug costs versus brand-name drugs, the EOM performance period episode expenditures will include 20% of the GDCA for all Part D drugs (whether generic or brand-name) provided to an EOM beneficiary during their episode with a fill date on or after January 1, 2025.

Accounting for Model Overlap During the Performance Periods

Making Care Primary (MCP) Model (expected start date July 1, 2024)

When calculating the EOM performance period episode expenditures, CMS will identify EOM beneficiaries who were attributed to a participant in the Making Care Primary (MCP) Model at any time during their EOM episodes. Participants in the MCP Model may be eligible to receive multiple types of MCP model payments, depending on their track and performance. MCP payments may include an upfront infrastructure payment (UIP) for infrastructure building, a per-beneficiary per-month prospective enhanced services payment (ESP), a performance incentive payment (PIP), and/or a capitated Prospective Primary Care Payment (PPCP). PPCPs partially or fully replace FFS payments for certain E&M services and other specified services. MCP participants in tracks 2 and 3 may bill for MCP e-Consults (MEC), and their Specialty Care Partners may bill for an ambulatory co-management code (ACM) in track 3.

To account for any potential overlap in beneficiaries that are attributed to a participant in the MCP Model at any time during their EOM episodes, CMS will include in the calculation of the performance period episode expenditures the portion of the MCP ESPs that corresponds to the time period during which a beneficiary was attributed to a practice in the MCP Model while also in an EOM episode. CMS will exclude the MCP PIPs and UIPs from the calculation of the performance period episode expenditures. The PPCPs in MCP will also be excluded from the EOM performance period episode expenditures. CMS will include the standardized paid amounts for FFS claims that MCP participants would have received for certain E&M and other specified services in the absence of the PPCP. CMS will include the MCP MEC and ACM payments in the EOM performance period episode expenditures.

Guiding an Improved Dementia Experience (GUIDE) Model (expected start date July 1, 2024)

When calculating the EOM performance period episode expenditures, CMS will identify EOM beneficiaries who were aligned to a participant in the Guiding an Improved Dementia Experience (GUIDE) Model at any time during their EOM episodes. Practices participating in the GUIDE Model can bill Medicare for a per-beneficiary per-month Dementia Care Management Payment (DCMP), which replaces FFS payment for certain covered services. Additionally, GUIDE Model participants are able to bill the Innovation Center for up to $2,500 per aligned eligible beneficiary per year for

GUIDE Respite Services. Certain safety net providers participating in the GUIDE Model are also eligible to receive a one-time infrastructure payment.

To account for any potential overlap in beneficiaries that are aligned to a practice participating in the GUIDE Model at any time during their EOM episodes, CMS will include in the calculation of the performance period episode expenditures the portion of the GUIDE DCMP that corresponds to the time period during which a beneficiary was aligned to a practice in the GUIDE Model while also in an EOM episode. CMS will exclude the payment for the GUIDE Respite Services and the one-time infrastructure payment for safety net providers when calculating an EOM participant's performance period expenditures.

Quality Measure Scoring

EOM quality measurement uses the following measures that are also used by the CMS Merit-based Incentive Payment System (MIPS):

- EOM-4: Pain Assessment and Management Set, with its two components:
  - Oncology: Medical and Radiation - Pain Intensity Quantified
  - Oncology: Medical and Radiation - Plan of Care for Pain
- EOM-5: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

To minimize EOM participant reporting burden and to align with the CMS Innovation Center's quality strategy, EOM will align with MIPS guidelines where feasible, including annual reporting requirements. The specifications for EOM-4 and EOM-5 align with MIPS specifications for these measures and the calculation of raw measure points will also align with the MIPS methodology. However, EOM-4 and EOM-5 will not be scored against the published MIPS benchmarks for 2024. A review of the 2024 MIPS benchmarks showed that the MIPS measures scored in EOM are reported with high performance by a large proportion of MIPS participants, many of which report performance rates of 100%. This results in topped-out measures and skewed benchmarks. As such, using this distribution to evaluate EOM participant performance on EOM-4 and EOM-5 could have unintended consequences:

(1) Low EOM Aggregate Quality Scores (AQS) for some EOM participants despite relatively high performance on the quality measures.
(2) Large differences in the EOM AQS for negligible differences in quality performance (among high performers).

To appropriately reward EOM participants for high quality performance, CMS will use a modified set of benchmarks to score EOM-4 (4a and 4b) and EOM-5. These benchmarks consider the high quality performance reflected in the 2024 MIPS benchmarks but are adjusted to provide more distinction between performance ranges to address the two concerns noted above. These benchmarks are structured similarly to the MIPS benchmarks, with ten distinct performance ranges, as shown in Table 1 below. CMS will not apply a 3-point floor, which is no longer used by MIPS.

Table 1: Benchmarks for Practice-Reported Measures EOM-4 (EOM-4a, EOM-4b) and EOM-5

Benchmark Number	Performance Range (q=reported performance rate)
1	$0 \leq q < 55$
2	$55 \leq q < 64$
3	$64 \leq q < 72$
4	$72 \leq q < 79$
5	$79 \leq q < 85$
6	$85 \leq q < 90$
7	$90 \leq q < 94$
8	$94 \leq q < 97$
9	$97 \leq q < 99$
10	$99 \leq q \leq 100$

Raw points for EOM-4a, EOM-4b, and EOM-5 will first be calculated by comparing the reported performance rate to the benchmarks in Table 1, as follows (formula for assigning points is unchanged):

Raw Points = X + (q – a) / (b – a)

Where: X=benchmark number
q=reported performance rate
a=bottom of benchmark category range
b=bottom of next benchmark category range

EOM participants or pools can earn up to 10 raw points each for EOM-4a and EOM-4b, for a total of 20 raw points for the EOM-4 composite, and up to 10 raw points for EOM-5. To normalize the 20 raw points for EOM-4 to the EOM 12-point scale, we will apply a weight of 12/20 to each EOM participant or pool's raw points obtained for EOM-4 composite. Similarly, we will apply a weight of 12/10 to each EOM participant's or pool's raw points for EOM-5.

As EOM-4 and EOM-5 are reported annually and the same reported data are used to score the two performance periods with episodes initiating during the relevant calendar year, these changes will be implemented starting with EOM PP2. Please see the EOM Payment Methodology Paper for more information on the EOM quality measurement approach.