ENHANCING ONCOLOGY MODEL

EOM Application Support Office Hour

August 2, 2022
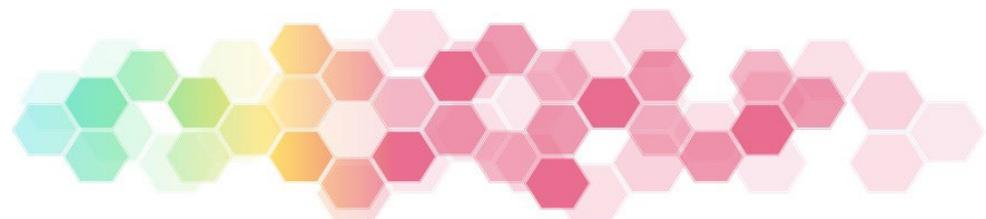
TODAY'S PRESENTERS

Alexandra Chong
EOM Team Lead
CMS Innovation Center

Claire Kihn
EOM Team Member
CMS Innovation Center

Jessica Strothers
Salesforce Senior Business Analyst
New Wave

Tori Pettitt
Salesforce Business Analyst
New Wave
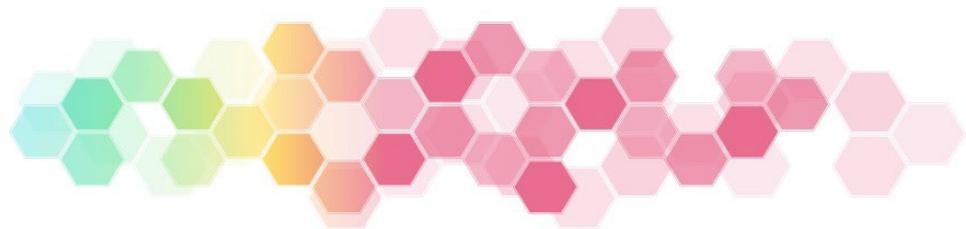
AGENDA

This webinar will provide an introduction of the Enhancing Oncology Model (EOM). The following topics will be discussed:

1 | EOM and Participation

2 | Application Process and Timelines

3 | PGP Application Portal Demonstration

4 | Q&A Session

5 | Additional Resources

EOM & PARTICIPATION
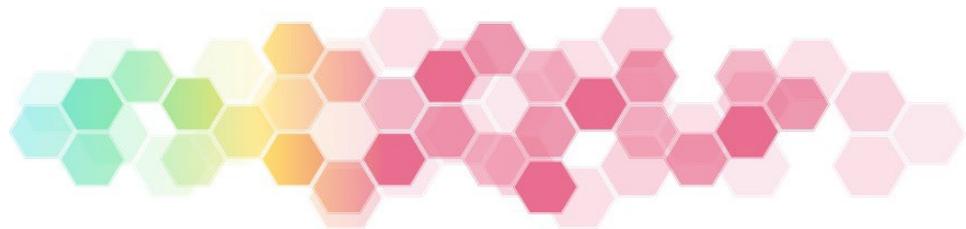
ENHANCING ONCOLOGY
MODEL

OVERVIEW OF ENHANCING ONCOLOGY MODEL (EOM)

EOM will continue to drive care transformation and reduce Medicare costs

FOCUS ▶ Five-year, **voluntary payment and delivery model** scheduled to begin July 2023 and conclude June 2028, that focuses on innovative payment strategies that promote high-quality, person-centered, equitable care to Medicare FFS beneficiaries with certain cancer diagnoses who are undergoing **chemotherapy treatment**

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

QUALITY & PAYMENT ▶ EOM participant are paid FFS with the addition of **two** financial incentives to **improve quality** and **reduce cost**:

- Additional payment to support care transformation in the form of a **$70** per-beneficiary-per-month **Monthly Enhanced Oncology Services (MEOS)** to support care transformation. Participants can bill an additional **$30** per-beneficiary-per-month MEOS for EOM beneficiaries that are dually eligible, this additional payment will be excluded from EOM participants' total cost of care (TCOC) responsibility. EOM participants would be eligible to receive MEOS for furnishing Enhanced Services
- Potential **performance-based payment (PBP)** or **performance-based recoupment (PBR)** based on the total cost of care (including drugs) and quality measures during 6-month episodes that begin with the receipt of chemotherapy
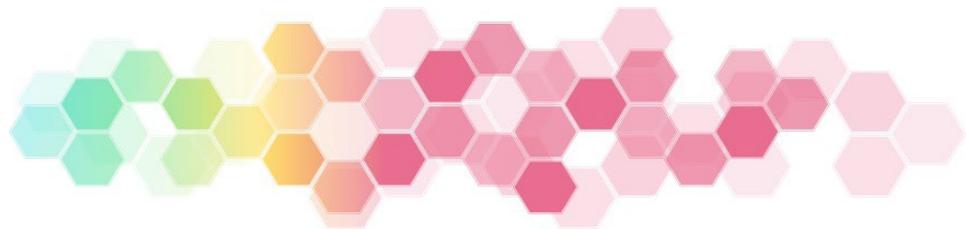
ELIGIBILITY: DEFINING EOM PARTICIPANTS AND PRACTITIONERS

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 EOM practitioner must be an 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) for chemotherapy services are <u>not</u> eligible to participate

- For EOM, unlike OCM, we plan to have participation requirements that allow a limited degree of flexibility for EOM practitioners simultaneously billing under the TIN of the EOM participant and the TIN of another PGP, while still preserving program integrity.

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)
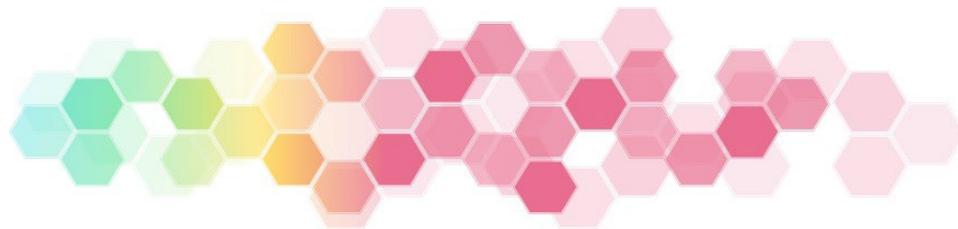
CARE PARTNERS AND POOLING OF PARTICIPANTS

Care Partner

EOM participants may elect to enter into 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 into 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 in EOM will mean that the episode expenditures for **two or more EOM participants** are considered together for the reconciliation calculations:

- To set the benchmark prices
- To determine PBP or PBR amounts

EOM participants will be allowed to voluntarily form a **pooling relationship** with one or more EOM participants governed by a pooling arrangement. Participation in a pool under EOM may be voluntary or mandatory.
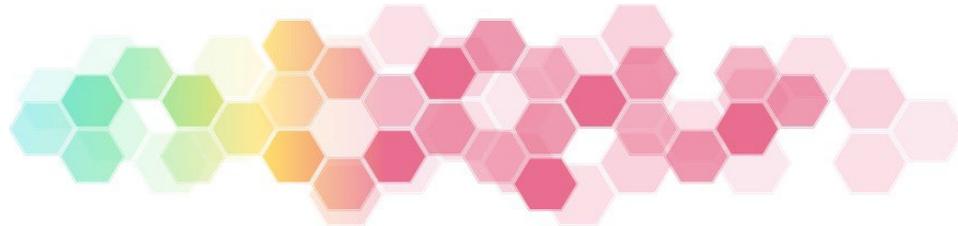
MODEL OVERLAP

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 2023-June 2028) will **also be eligible to participate.**

Baseline & Performance Period

CMS will make adjustments to the **baseline period episode expenditures** and **performance period episode expenditures** to account for overlaps and **enable participation in both models.**

When calculating the baseline & performance period episode expenditures adjustments will be made to **reflect the amount that would have been paid** by Medicare in the absence of fee reductions and/or to **avoid double counting payment amounts.**

CMS expects situations where an EOM beneficiary **in a performance period episode will also be attributed to or aligned to another CMS payment model or initiative**

Planned Adjustments

- ACO Initiatives
- BPCI Advanced and CJR

- Primary Care First (PCF)
- Radiation Oncology (RO)

- Maryland TCOC and PARHM
- Community Health Access Rural Transformation (CHART)

See [EOM RFA](#) for specific adjustments for each overlapping model
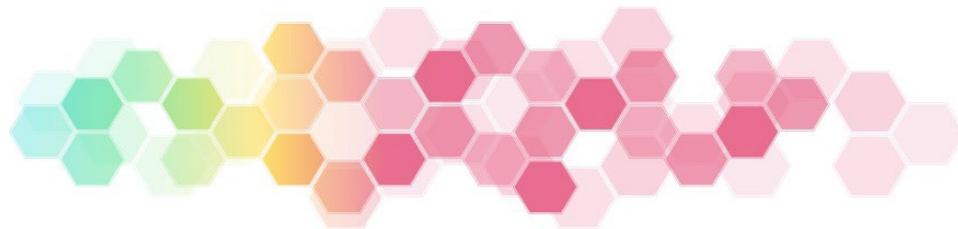
PAYER ALIGNMENT

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:

EOM Participants

Medicare Advantage Plans

Private Payers

State Medicaid Agencies

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.
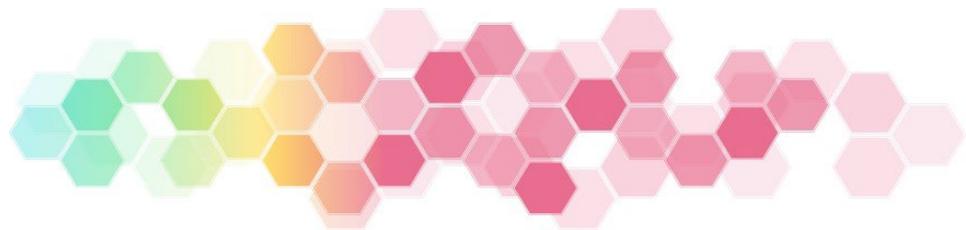
APPLICATION PROCESS AND TIMELINES

MODEL TIMELINE

Milestone	Planned Timing[1]
RFA released / Application portal opens	June 27, 2022
Application deadline	September 30, 2022
Participant selection & Participant Agreement (PA) signing	Late Winter 2022 or Early Spring 2023
Model Performance Period	Start July 1, 2023

[1] Dates are subject to change
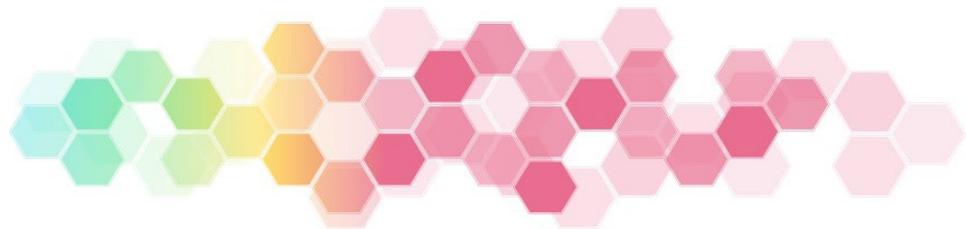
HOW TO APPLY

✓ **Application period for EOM is currently open**
All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 30, 2022. Applications submitted during the application window are non-binding. CMS may not review applications submitted after the deadline.

✓ **Submit application 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 2022 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.
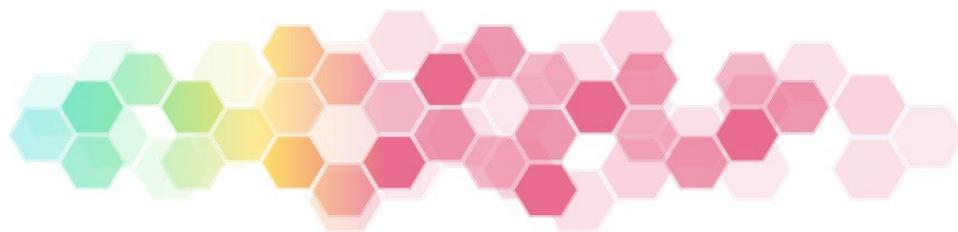
APPLICATION REVIEW PROCESS

An internal committee will review completed applications

Applications to participate in/partner with CMS in EOM will be accepted on the basis of completeness, quality of narratives, and the result of a program integrity screening.

Prior to the application approval, CMS will also conduct a program integrity (PI) screening.
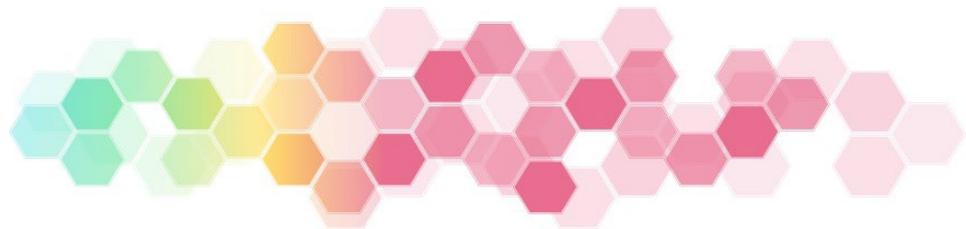
PROGRAM INTEGRITY (PI) SCREENING

The PI screening may include, but is not limited to, the following:

▶ Confirmation of current Medicare enrollment status and history of adverse enrollment actions;

▶ Identification of delinquent Medicare and Medicaid debt;

▶ Review of performance in, and compliance with the terms of, other CMS models, demonstration programs, and initiatives;

▶ Review of compliance with Medicare and Medicaid program requirements;

▶ Review of billing history and any administrative audits, investigations, or other activities conducted regarding suspicious billing or other potential program fraud and abuse; and

▶ Review of any administrative, civil, or criminal actions related to program integrity or other factors relevant to participation in an initiative involving Federal funds.

APPLICATION PORTAL DEMONSTRATION

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Q&A SESSION

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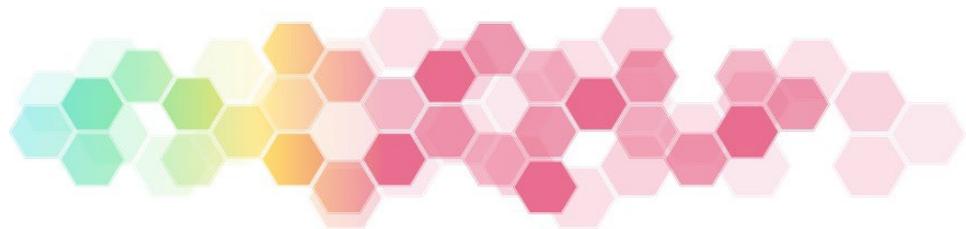
EOM OPEN Q&A

?

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.

ADDITIONAL RESOURCES

ENHANCING ONCOLOGY
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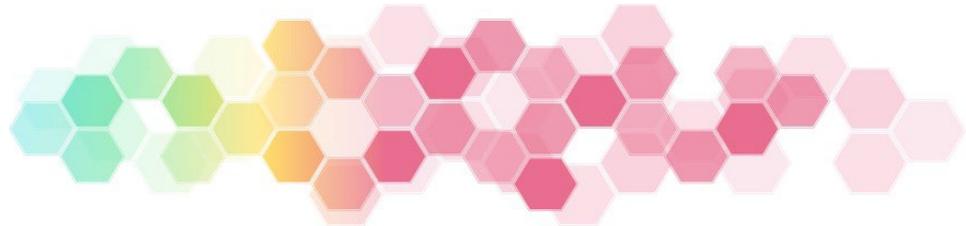
RESOURCES AND CONTACT INFO

For more information about the EOM and to stay up to date on upcoming model events:

EOM RFA Application Portal User Manual

https://innovation.cms.gov/media/document/eom-app-portal-user-manual

EOM Payment Methodology

https://innovation.cms.gov/media/document/eom-payment-methodology

Visit

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

Help Desk

EOM@cms.hhs.gov

1-888-734-6433 Option 3

Follow

@CMSinnovates

Listserv
Sign up for the EOM listserv at this listserv registration link
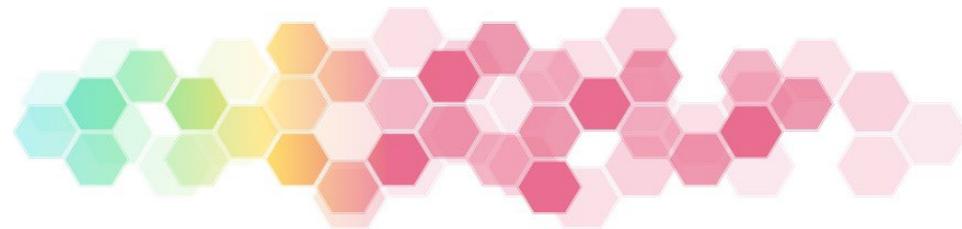
UPCOMING EVENTS

EOM Event	Planned Date
Quality Strategy Webinar	August 25th 2022 (tentative)
General Office Hours	September 13th 2022 (tentative)

[1] Dates are subject to change
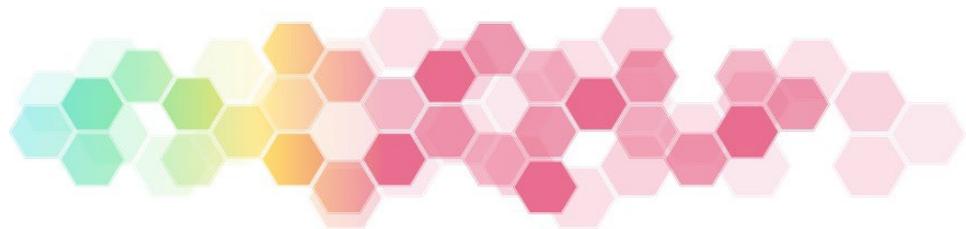
THANK YOU

For Attending Today's EOM Application
Support Webinar and Office Hours

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APPENDIX

ENHANCING ONCOLOGY
MODEL

PGP APPLICATION REQUIREMENTS OVERVIEW

The Enhancing Oncology Model application contains the following sections:

Application Section	Description
Applicant PGP Information	Focuses on the legal name, location, and identification of the practice.
Contact Information	Focuses on primary, secondary, and tertiary point of contact for the practice.
PGP Profile Information	Focuses on PGP's organizational structure and area of medical specialty.
PGP Information	Focuses on geographic service area and practitioner listing.
Pooling with EOM Participants	Establishes intent to participate in a voluntary pooling arrangement under EOM, and if so whom the EOM PGP applicants are.
Care Partner Information	Establishes intent to participate with Care Partners and each individual and entity you propose to serve as a Care Partner.
Incorporation and Licensure	Requires documentation demonstrating legal entity and license.
Disclosure	Requires disclosure of any sanctions, corrective action, fraud investigations, and outstanding debts of each individual and entity proposed in the PGP applications.
Narratives	Requires submission of Implementation Plan and Financial Plan.
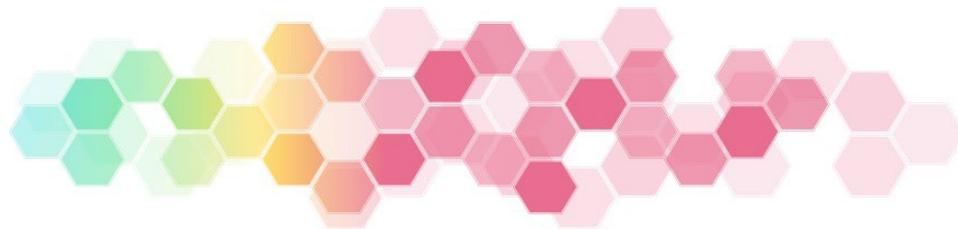
PGP APPLICATION PROCESS

Complete Profile

Applicant PGP Information

Contact Information

Complete Application

PGP Profile Information

PGP Information

Pooling with EOM Participants

Care Partner Information

Incorporation and Licensure

Disclosure

Narratives

Financial Plan

Certify and Submit

Application

Certification
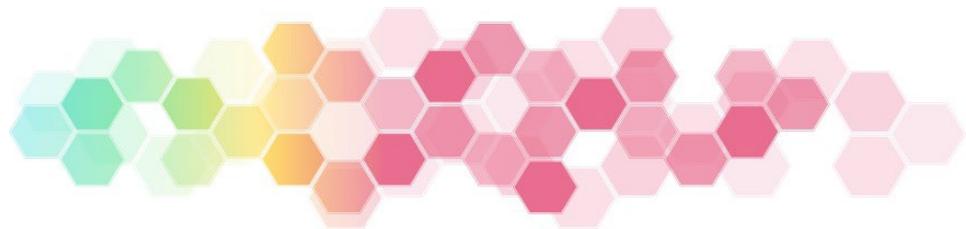
PAYER APPLICATION REQUIREMENTS OVERVIEW

The Enhancing Oncology Model application contains the following sections:

Application Section	Description
Contact Information	Focuses on legal name, primary address and primary, secondary and tertiary points of contact.
Payer Information	Focuses on line(s) of business, license number, and PGP's intended for an EOM-aligned payment and service delivery model.
Model Alignment	Outlines interest and commitment to partnering with CMS and how your payment and service delivery model align with EOM.
EOM Participants	Outlines plan to enter arrangements with EOM participants.
Quality Strategy	Outlines proposed EOM-aligned quality strategy including quality metrics and assessment of quality performance.
Data Sharing	Outlines plan for providing data feedback to partner EOM participants during the model.
Monitoring and Evaluation	Outlines plan to monitor and evaluate partner EOM participants' compliance and performance with the participation requirements, quality metrics, and outcomes under your EOM-aligned payment and service delivery model.
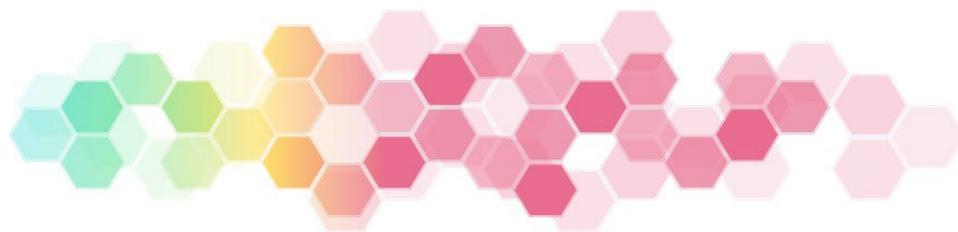
PAYER APPLICATION PROCESS

Complete Profile

Applicant Payer Information

Contact Information

Complete Application

Payer Profile Information

Payer Information

Model Alignment

Data Sharing

Monitoring and Evaluation

Certify and Submit

Application

Certification
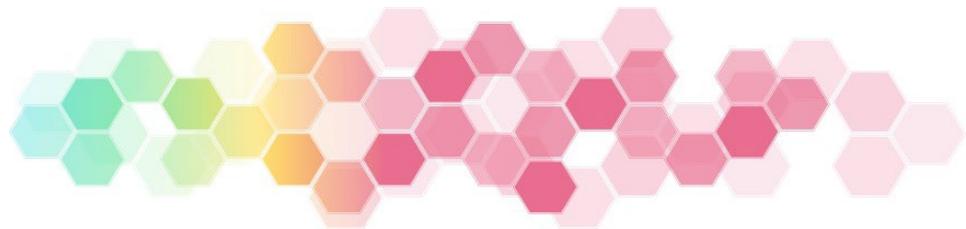
OCM TO EOM HIGH LEVEL COMPARISON

	OCM	EOM
Health equity	No explicit focus	Key element of design and implementation
Beneficiary population	Beneficiaries with all cancer types who receive chemotherapy or hormonal therapy	High-risk beneficiaries with certain cancer types receiving systemic chemotherapy only
Use of ePROs	No requirement	Required gradual implementation
MEOS payment	$160 PBPM for each OCM beneficiary	$70 PBPM for beneficiaries not dually eligible for Medicaid and Medicare $100 PBPM for beneficiaries dually eligible for Medicaid and Medicare
Attribution	Based on plurality of E&M claims	Based on initial care plus at least minimum care over time
Benchmark and novel therapy calculations	At the practice level; limited use of clinical data to inform risk adjustment	At the cancer type level; more robust use of clinical data to inform risk adjustment
Risk arrangements for performance-based payment	One-sided risk in performance period 1, followed by the option for one- or two-sided risk in performance periods 2-7 Participants earning a performance-based payment by the initial reconciliation of PP4 have the option to stay in one-sided risk in PP8—PP11; other participants must either accept two-sided risk in PP8—PP11 or be terminated from the model	Two downside risk arrangement options

*Please note this list is not exhaustive. For additional information on how EOM differs from OCM, refer to Appendix A of the EOM RFA
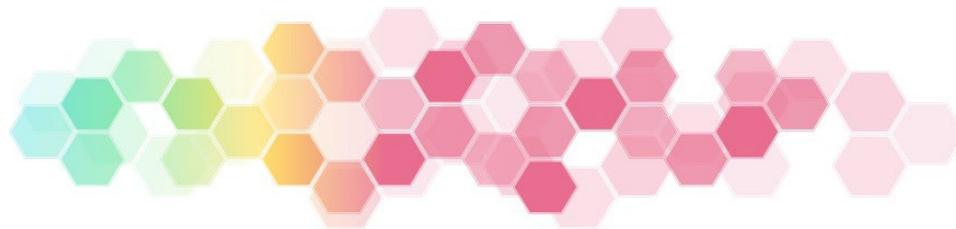
PARTICIPANT REDESIGN ACTIVITIES (PRAS)

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

Gradual implementation of **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)
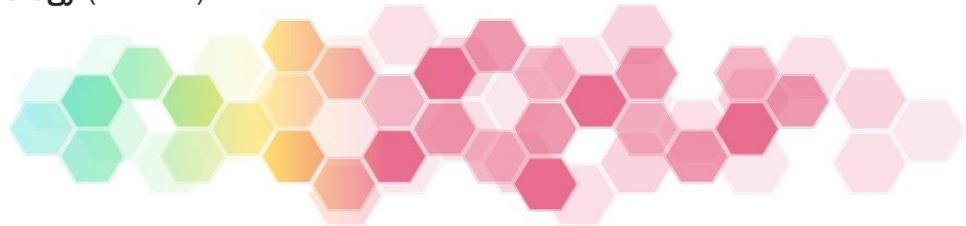
QUALITY MEASURES & DATA REPORTING

EOM will include valid, reliable, and meaningful claims-based, participant-reported and survey measures. Performance on these measures will be tied to payment:

Quality Measures will focus on the following domains:
- Patient experience
- Avoidable acute care utilization
- Management of symptoms toxicity
- Management of psychosocial health
- Management of end-of-life care

Clinical Data Elements – collection and reporting of clinical data elements not available in claims or captured in the quality measures (e.g., ever-metastatic status, HER2 status) for purposes of monitoring, evaluation, and payment

Sociodemographic Data Elements – collection and reporting of beneficiary-level sociodemographic data to be used for monitoring and evaluation. Feedback reports will stratify aggregate de-identified data by sociodemographic variables in order for EOM participants to identify and address disparities within their beneficiary populations

HEALTH EQUITY

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

	EOM Requirement	Description
1	Incentivize care for underserved communities	**Differential MEOS payment** to support Enhanced Services (base: $70 PBPM; $30 PBPM, outside of TCOC accountability, for dual eligible beneficiaries) TCOC benchmark will be **risk adjusted for multiple factors**, including, but not limited to, dual status and low-income subsidy (LIS) status
2	Collect beneficiary-level sociodemographic data	EOM participants will collect and report **beneficiary-level sociodemographic data** to report to CMS for purposes of monitoring and evaluation
3	Identify and address health-related social needs (HRSN)	EOM participants will be required to use **screening tools** to screen for, at a minimum, three **HRSN domains**: transportation, food insecurity, and housing instability Example HRSN screening tools: • NCCN Distress Thermometer and Problem List • Accountable Health Communities (AHC) Screening Tool • Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE) Tool **Collect ePROs** from patients, including a HRSN domain*
4	Improved shared decision-making and care planning	EOM participants will be required to **develop a care plan** with the patient, including discussion of prognosis and treatment goals, a plan for addressing psychosocial health needs, and estimated out-of-pocket costs
5	Continuous Quality Improvement (CQI)	EOM participants will be required to develop a **health equity plan** as part of using data for CQI
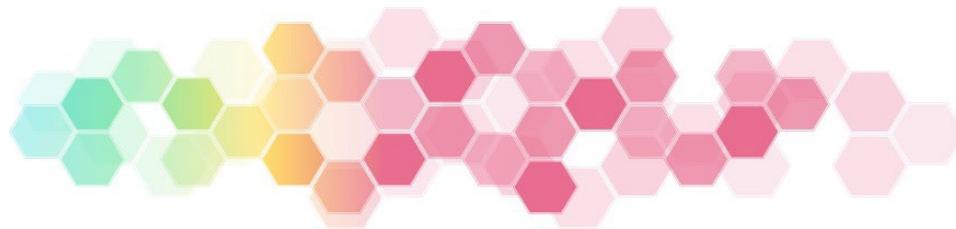
DATA SHARING AND HEALTH IT

EOM PARTICIPANT DATA SHARING

DATA COLLECTION STRATEGY

Electronically enabled mechanism to report model-related data abstracted 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

QUARTERLY FEEDBACK REPORTS

SEMIANNUAL RECONCILIATION REPORTS, ATTRIBUTION LISTS, AND EPISODE-LEVEL FILES

MONTHLY CLAIMS DATA
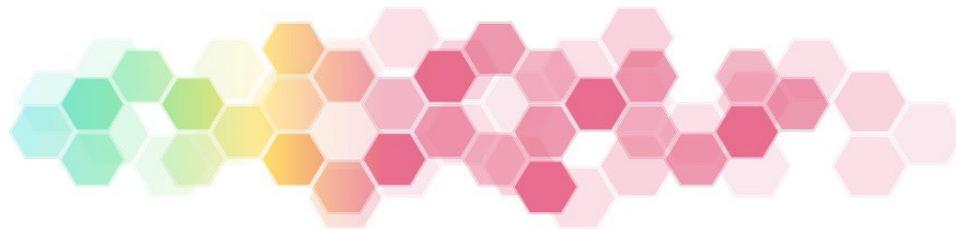
RISK ARRANGEMENT OPTIONS

EOM will features **two risk arrangement options** that both include **downside risk** from the start of the model. EOM participants and pools can move between risk arrangements before the start of each performance period.

	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	**98%** of the benchmark amount	**98%** of the benchmark amount
Stop-loss / Stop-gain	**2%** Stop-Loss **4%** Stop-Gain	**6%** Stop-Loss **12%** Stop-Gain
Anticipated APM Status	✓ MIPS APM ✗ Advanced APM	✓ MIPS APM ✓ Advanced APM

DEFINING ELIGIBLE BENEFICIARIES

Eligible Beneficiary

CMS will include a Medicare FFS beneficiary in EOM in the event that 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