

EOM is a national voluntary model designed to test care transformation, quality improvement, and financial and performance accountability for episodes of care surrounding chemotherapy administration to cancer patients.

EOM Goals

- Put the **patient at the center** of a care team that provides **equitable, high value, evidence-based care**
- Build on Oncology Care Model (OCM) lessons learned and continue the **value-based journey** in oncology, which is a high-cost area of Medicare spending
- Observe **improved care quality, healthy equity, and health outcomes** as well as **achieve savings** over the course of the model test

EOM Alignment with Cancer Moonshot

EOM supports the Cancer Moonshot's priority of **improving the experience for patients and caregivers**. It also advances **whole-person care** and incentivizes providers to tailor care to each unique patient and not just the disease. The model is designed to identify and address health-related social needs and support providers who care for underserved communities. **CMS is also committed to advancing value in health care.**

CMS Innovation Center Strategy Refresh

Aligns with CMMI's aim to increase the number of providers that are sustainably participating in value-based payment models and **to advance lasting care delivery transformation** nationally. EOM supports the CMS Innovation Center's comprehensive specialty strategy to test models and innovations that support access to **high quality, integrated specialty care across the patient journey**

What support is available for value-based care and multi-payer alignment?

Flexibility to Design



Payers align with CMS for in core elements of the methodology but **have flexibility to specify exact approaches** that fit their population. This includes flexibility in selection of cancer types, risk tracks, and participant redesign activities included in each payer implementation.

Model-level Data



CMS provides EOM payers with **aggregated model-level de-identified data** so they can better understand utilization patterns.

Benefit Enhancements



Payers can align with EOM's three benefit enhancements: **telehealth¹, post-discharge home visits, and care management home visits.**



Learning System

CMS intends to operate a **Learning System** to facilitate the achievement of EOM's strategic goals.

Learning System events will include payer-specific, peer-to-peer learning opportunities to **share strategies for meeting EOM cost, quality, and beneficiary and provider experience goals**, while promoting competition among payers.

Payers also have **access to resources and discussions on achieving multi-payer alignment** to foster collaboration with practices and beneficiaries with the goal to enhance oncology services.

¹ The telehealth benefit enhancement will be available if the broader Medicare Public Health Emergency flexibilities expanding telehealth coverage is not extended beyond December 31, 2024.

Eligibility & Application Requirements for Payer Applicants

Eligibility

Commercial payers, Medicare Advantage plans, and state Medicaid agencies are eligible to apply to partner with CMS in the model as **EOM Payers**.

Participating payers are required to partner with **at least one EOM participant** throughout the entirety of the model; however, this does not need to be the same participant for the duration.

Application Submission

Payers that wish to participate in EOM are required to submit an application using the **EOM Application Portal**. Prior to approval, **CMS will also conduct a program integrity (PI) screening**. Applications to participate will be available at <https://app.innovation.cms.gov/EOM> and will be accepted on the basis of completeness, quality of narratives, and the result of a program integrity screening.

EOM applications will open July 1, 2024, and must be submitted by 11:59 PM EDT on September 16, 2024.

Multi-Payer Alignment

EOM Payers can align their oncology value-based payment models with EOM in the following key areas:



Area	Description
Commitment to Health Equity	Payers are asked to describe ways their organization has committed to advancing health equity (e.g., data collection)
Alignment on Payment Methodology	Payers may use the same payment methodology as EOM (refer to section V.C of the EOM RFA for more detail) or develop their own payment methodology that is aligned, which must include a two-prong payment approach: <ul style="list-style-type: none"> • Payment for Enhanced Services - Provide a payment for enhanced services to their practice partner with flexibility on the parameters of the payment. • Performance-based Payment (PBP) - Provide the opportunity for practice partners to earn a PBP with flexibility on the parameters of the payment.
Participant Redesign Activities and	Payers may adopt the same EOM participant redesign activities (PRAs) (refer to section V.B. of the EOM RFA for more detail) or adopt similar or additional requirements.
Quality Measures	Payers are asked to align with EOM's quality measures. CMS asks payers to share, at a minimum, a core quality measure set with CMS; more details forthcoming
Data Sharing with EOM Participants and CMS	Payers make available data feedback to partner participants during the model, such as cost data, utilization data, and performance data.

Payers are required to implement a two-part payment structure including per-member-per-month and lump sum payment. Details of implementation is at the discretion of each payer. Below is the two-part payment structure used by CMS.

Monthly Enhanced Oncology Services (MEOS) Payment



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

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

The base MEOS payment amount will be **\$110² 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 are 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

² – The increase in base MEOS payment amount to \$110 per beneficiary per month is effective January 1, 2025. Prior to that date, base MEOS payment amount is \$70 per beneficiary per month..

What are Other Payers from the predecessor model (i.e., Oncology Care Model or OCM) saying?

*“OCM payer engagement is a **brilliant platform to bring payers together** when participating in CMS APMs. From a data perspective it’s reassuring that we’re not that far behind other payers with figuring that out. The rule of not sharing proprietary information **cuts right through any concerns about competition.**”*



*“We’ve very much enjoyed the **relationship we’ve built with CMS** through OCM. We previously followed the OCM methodology to the letter; and based on our experience, we **needed to make changes**. We were able to work with CMS to make changes that still allowed us to participate – **this flexibility is important.**”*



Additional Information

EOM Website:

<https://innovation.cms.gov/innovation-models/enhancing-oncology-model>

Request for Applications:

<https://www.cms.gov/priorities/innovation/media/document/eom-rfa-2024>

All EOM applications must be submitted by 11:59 PM EDT on September 16, 2024

EOM Helpdesk

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