

EOM is a national, five-year 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<sup>1</sup> 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

Supports the Cancer Moonshot's fifth priority of **improving the experience for patients and caregivers**. EOM advances **whole-person care** and incentivizes providers to tailor care to each unique patient and treat the whole person, 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

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



### Flexibility to Design

Payers will align with CMS but **have flexibility to specify exact approaches** that fit their population.



### Model-level Data

CMS will provide 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: **telehealth, post-discharge home visits, and care management home visits.**



### Medicaid Flexibilities

State Medicaid agencies will work closely with the Center for Medicaid and CHIP Services (CMCS) to **design a model with Medicaid flexibilities to align with EOM** in key areas.



## 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 will 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.

## 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 will be 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 (applications available now at <https://app.innovation.cms.gov/EOM>) will be accepted on the basis of completeness, quality of narratives, and the result of a program integrity screening.

**All EOM applications must be submitted by 11:59 PM EDT on September 30, 2022.**

## Multi-Payer Alignment

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



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

## Two-Part Payment Structure

### 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 **\$70 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

## 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://innovation.cms.gov/media/document/eom-rfa>

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### EOM Helpdesk

[EOM@cms.hhs.gov](mailto:EOM@cms.hhs.gov)

Phone: 1-888-734-6433 option 3