

# Enhancing Oncology Model (EOM) Model Overview and Benefits for Payers

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, evidencebased 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.



#### **Benefit Enhancements**

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

#### **Model-level Data**

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

# 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.



# **Enhancing Oncology Model (EOM)** Model Overview and Benefits for Payers

#### 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.

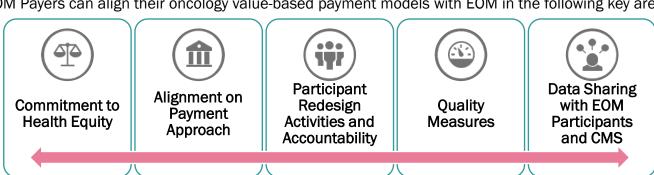
#### **Application Submission**

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 <a href="https://app.innovation.cms.gov/EOM">https://app.innovation.cms.gov/EOM</a>) 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
Commitment to Health Equity	Payers will be 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, at a minimum, a two-prong payment approach:  • 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	Payers may adopt the EOM participant redesign activities (PRAs) (refer to section V.B. of the <u>EOM RFA</u> for more detail) or adopt similar or additional requirements.
Quality Measures	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
Data Sharing with EOM Participants and CMS	Payers will make available data feedback to partner participants during the model, such as cost data, utilization data, and performance data



# Enhancing Oncology Model (EOM) Model Overview and Benefits for Payers

#### **Two-Part Payment Structure**

Monthly Enhanced Oncology Services (MEOS) Payment

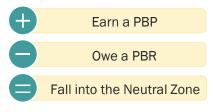


Retrospective Performance-Based Payment (PBP) or Recoupment (PBR)

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:



## 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

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

**EOM Helpdesk** 

EOM@cms.hhs.gov Phone: 1-888-734-6433 option 3

ENHANCING ONCOLOGY