ENHANCING ONCOLOGY MODEL

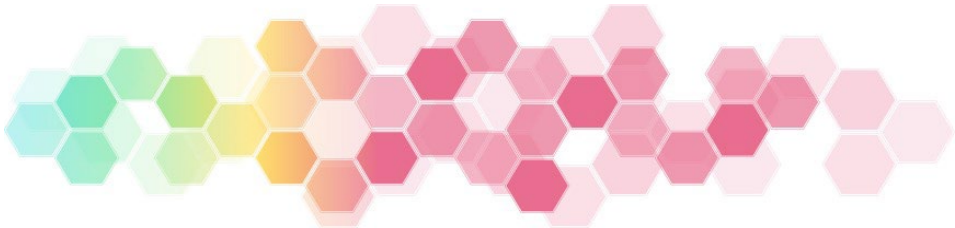
Cohort 2 Application Support Office Hour

August 1, 2024

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

AGENDA

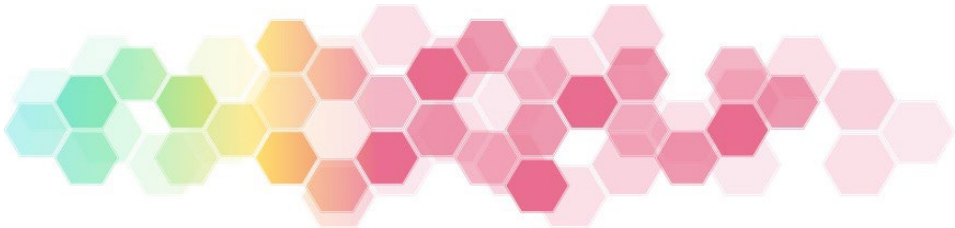
1) EOM Overview
2) EOM Application Process & Timeline
3) Q&A Session
4) Resources
5) Closing



EOM OVERVIEW

EOM aims to drive care transformation and reduce Medicare costs

EOM Performance Period	**Voluntary payment and delivery model** that initially began on July 1, 2023. A second application period is now open for a new cohort of participants to begin EOM participation on **July 1, 2025**. For both cohorts, the new model end date is **June 30, 2030**
Participants	**Oncology Physician Group Practices (PGPs)** and **other payers** (e.g., commercial payers, state Medicaid agencies) through multi-payer alignment
EOM Goals	The model continues to focus on innovative payment strategies that **promote high-quality, person-centered, equitable care** to Medicare Fee For Service (FFS) beneficiaries with certain cancer diagnoses who are undergoing **cancer treatment,** including but not limited to: ▪ Putting the patient at the center of a care team that provides equitable, high value, evidence-based care ▪ Building on Oncology Care Model (OCM) lessons learned and continuing the value-based journey in oncology ▪ Promoting improved care quality, healthy equity, and health outcomes as well as achieve savings over the course of the model test



TWO-PART PAYMENT APPROACH

EPISODE DURATION AND SCOPE

Episodes will last for **6 months** after a beneficiary's triggering initiating cancer therapy claim. Episodes are excluded if the beneficiary was diagnosed with COVID-19, received chimeric antigen receptor T-cell therapy (CAR-T), or received bispecific antibodies (BsAbs)

Monthly Enhanced Oncology Services (MEOS) Payment

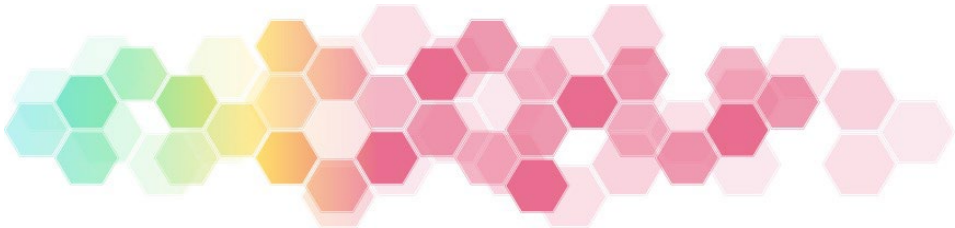
The base MEOS payment amount will be **$110** per EOM beneficiary per month (PBPM)

Beneficiaries dually eligible for Medicare and Medicaid: CMS will pay an additional **$30** per dually eligible beneficiary per month, for a total MEOS payment of **$140** per beneficiary per month. The additional $30 will not count toward the EOM participant's total cost of care responsibility

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

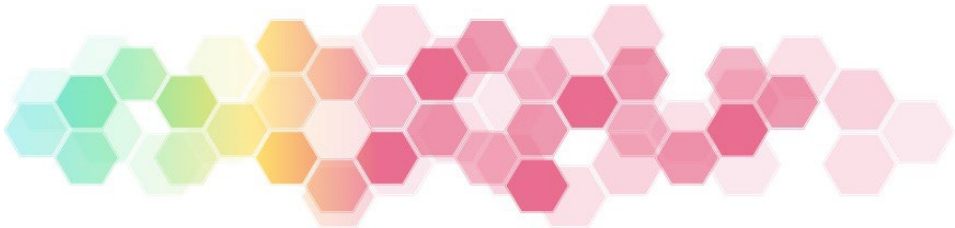
EOM participants will be responsible for **the total cost of care (TCOC)** (including drugs) during each attributed episode. Based on total expenditures and quality performance, participants may:

- **Earn a PBP**
- **Owe a PBR**
- **Fall into the neutral zone (neither earn a PBP nor owe a PBR)**



EOM POLICY UPDATES

	Previous Policy	New Policy
Timeline	EOM began on July 1, 2023, with a projected model end date of June 30, 2028	EOM has introduced a second cohort starting July 1, 2025. The model has been extended by two years and will conclude on June 30, 2030, for both cohorts
Monthly Enhanced Oncology Services (MEOS)	• **Applies to:** MEOS payments billed with date of service on or before December 31, 2024 • **Base amount:** $70 PBPM • **Payments for duals:** include additional $30 PBPM ($100 PBPM total)	• **Applies to:** MEOS payments billed with a date of service on or after January 1, 2025 • **Base amount:** $110 PBPM • **Payments for duals:** include additional $30 PBPM ($140 PBPM total). Extra payment for duals still excluded from total cost of care
Threshold for Recoupment	**98%** of the benchmark amount (under both risk arrangements) **Applies to:** PP1 — PP3 (episodes initiating on or before December 31, 2024)	**100%** of the benchmark amount (under both risk arrangements) **Applies to:** PP4 — PP13 (episodes initiating on or after January 1, 2025



ELIGIBILITY: DEFINING EOM PARTICIPANTS AND PRACTITIONERS

EOM Participant

Must be a **Medicare-enrolled oncology physician group practice (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
- Unlike in OCM, EOM participants are allowed to have limited billing overlap (practitioners who also provide oncology care under other TINs)

Excluded

- Oncology PGPs that routinely refer beneficiaries to Prospective Payment System (PPS)-Exempt Cancer Hospitals (PCH) for cancer treatment are not eligible to participate
- In addition, Critical Access Hospitals (CAHs), Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) are also excluded

CARE PARTNERS AND POOLING

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:**

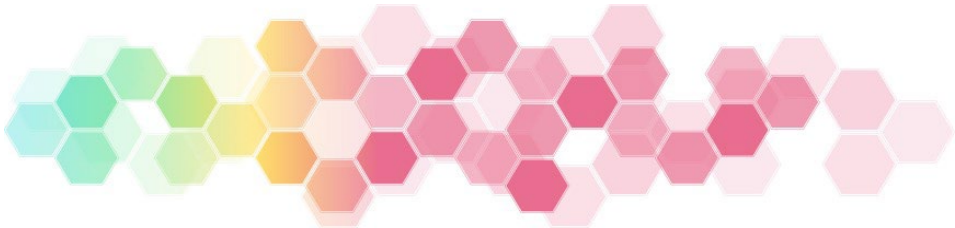
1. Engages in at least one of the Participant Redesign Activities (PRAs) during a performance period
2. Has entered into a Care Partner arrangement with an EOM participant
3. Is identified on the EOM participant's Care Partner list, and
4. Is not an EOM practitioner

Pooling of EOM Participants

Pooling means that **two or more EOM participants** combine their information for reconciliation calculations:

- A pool has a single benchmark amount
- A pool may earn a single Performance Based Payment (PBP) or owe a single Performance Based Recoupment (PBR)

Pools may be voluntary or mandatory (due to high billing overlap)



PAYER ALIGNMENT

EOM is a **multi-payer model.**

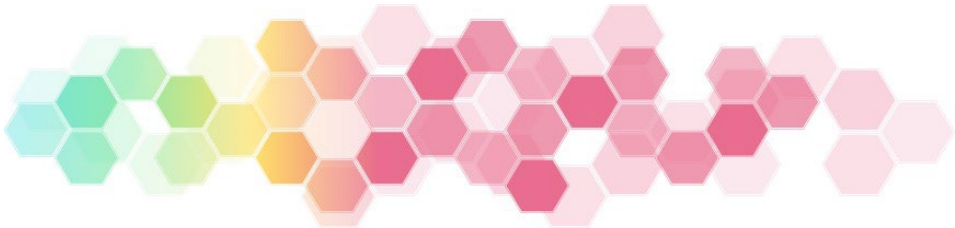
EOM currently has 3 active payers, and the second cohort may include additional payers

- BlueCross BlueShield of South Carolina
- BlueCross BlueShield of Tennessee
- CVS Health/Aetna

Payer Eligibility for Participation

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

Payers are encouraged to apply for the second cohort of EOM. New payers can partner with existing EOM participants in the first cohort as well as potential new EOM participants in the second cohort. Interested applicants looking for more information should contact the EOM helpdesk at EOM@cms.hhs.gov



APPLICATION PROCESS AND TIMELINES

HOW TO APPLY

Application period for EOM will be open July 1st
All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 16, 2024. CMS may not review applications submitted after the deadline

Submit applications to https://app.innovation.cms.gov/EOM
Submission of the PDF version of this application will not be accepted

Refer to EOM Website for directions on how to access the EOM Request for Application (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. In addition, there is an EOM RFA Portal Demonstration video that is available on demand to assist with navigating the RFA application portal

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

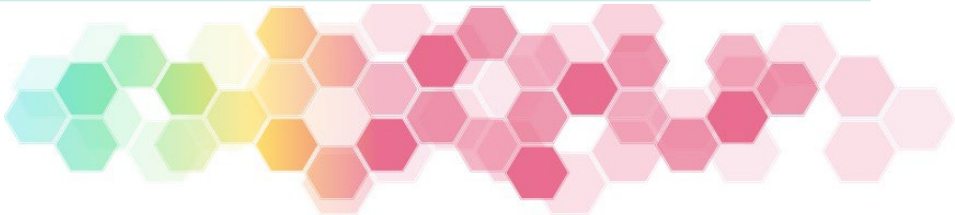
Sign up for the EOM listserv
EOM will host additional recruitment events and release more resources during Summer/Fall 2024 to help potential participants understand the model before the application deadline. Sign up for the EOM listserv to learn about these materials as they are announced

Refer to the EOM Application Guide
This guide will assist applicants in accessing the application portal and providing direction on all information which must be provided in the RFA as well as tips to assist with completion of the application

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	Tentatively indicates intent to participate in EOM as part of a voluntary pool and if so, identifies the other potential pool members. Responses are non-binding
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

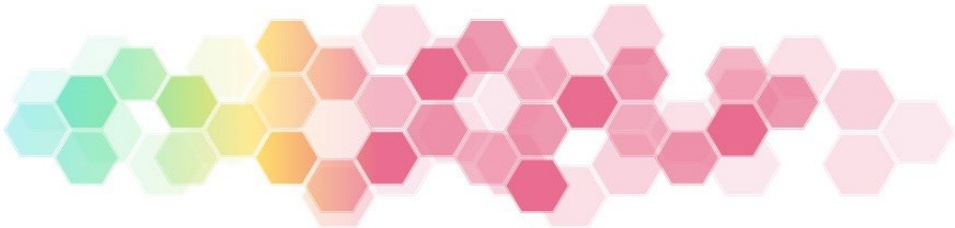
Application

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

APPLICATION REVIEW PROCESS

An internal committee will review completed applications

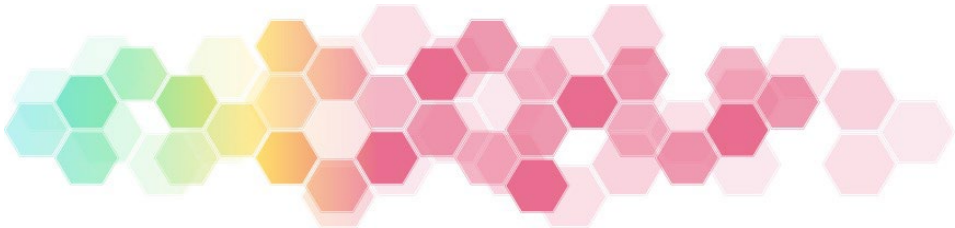
Applications to participate in/partner with CMS in EOM will be accepted based on completeness, quality of narratives, and the result of a program integrity screening

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:

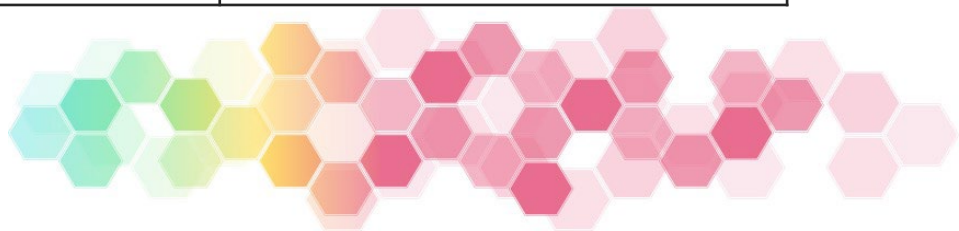
- Confirmation of current Medicare enrollment status and history of adverse enrollment actions
- Identification of delinquent Medicare and Medicaid debt
- Review of performance in, and compliance with the terms of, other CMS models, demonstration programs, and initiatives
- Review of compliance with 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



COHORT 2 MODEL TIMELINE AND UPCOMING EVENTS

Milestone	Planned Timing *
Cohort 2 Announced	May 30, 2024
EOM Overview and Application Support Webinar	June 24, 2024
EOM application open for interested applicants	July 1, 2024
EOM Payment Methodology Webinar	July 18, 2024
EOM Second Application Office Hour	August 1, 2024
EOM Quality, Health Equity, and Clinical Data Strategy Webinar	August 15, 2024
EOM Second Application Office Hour 2	August 29, 2024
EOM Applications Due	September 16, 2024
EOM Participant Selection	Mid to Late Winter, 2024
Selected Participants sign HIPAA-Covered Data Disclosure and Attestation (DRA) to receive Historical Data	Mid to Late Winter, 2024
Data will be made available to the accepted applicants who have a signed DRA	January 1, 2025 - June 30, 2025
Cohort 2 Model Start Date	July 1, 2025

* Dates are subject to change



Q&A

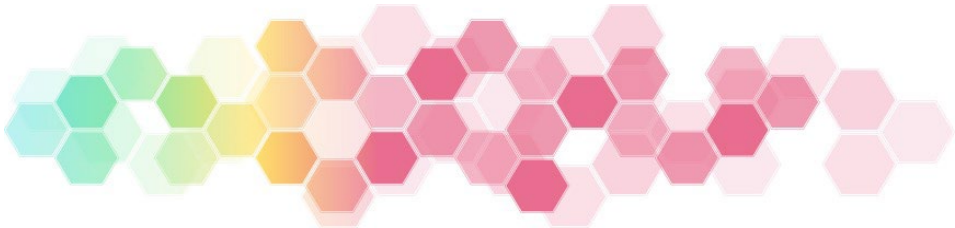
Please submit questions via the Q&A pod on the bottom of your screen.

For questions specific to your organization, please email the EOM Team at EOM@cms.hhs.gov.

EOM RESOURCES

The following documents are available on the EOM model website:

- EOM Cohort 2 Materials
  - EOM Cohort 2 Request for Application
  - EOM Cohort 2 Fact Sheet
  - EOM Cohort 2 Announcement FAQs
  - EOM Application Portal User Guide
  - EOM RFA Portal Demonstration
- EOM Factsheets
  - EOM PGP Factsheet
  - EOM Payer Factsheet
  - EOM Benchmarking Factsheet
  - Benefit Enhancements Factsheet
  - EOM Health Equity Strategy Factsheet
  - EOM ePROs Factsheet
- Additional Resources
  - EOM Payment Methodology
  - EOM Clinical Data Elements Guide
  - EOM Quality Measures Guide
  - EOM Sociodemographic Data Element Guide
  - EOM Health Related Social Needs Guide
  - EOM Electronic Patient Reported Outcomes Guide
  - EOM 2023 Health Equity Plan Guide (PDF)
- Drug lists
  - EOM Initiating Therapies Effective July 2024
  - EOM Novel Drug Therapies List (May 2024)



UPCOMING WEBINARS

<u>August 2024</u>

- August 15th : Quality, Health Equity and Clinical Data Strategy Webinar
- August 29th : Application Support Office Hour – Second Session

CONTACT INFO

Stay up to date on upcoming model events and get the latest EOM information:

Visit EOM's Website

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

Help Desk

EOM@cms.hhs.gov

1-888-734-6433 Option 3

Stay Connected

Subscribe to receive updates on EOM

https://public.govdelivery.com/accounts/USCMS/subscriber/topics/

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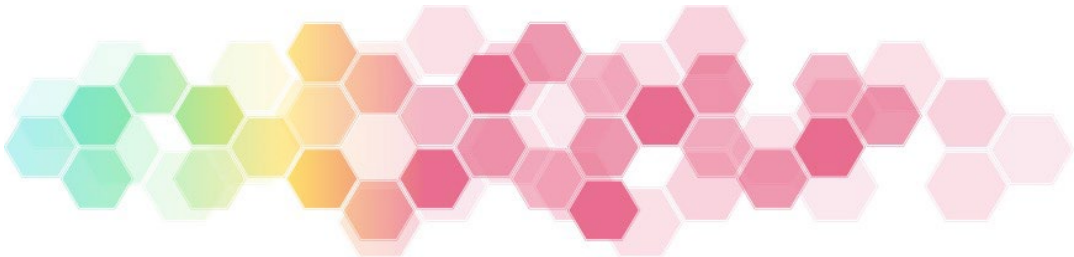
If you encounter questions or need assistance registering for the EOM RFA Portal, please contact the Help Desk by phone or email:
Phone: 1-888-734-6433 (Option 3)
Email: CMMIForceSupport@cms.hhs.gov

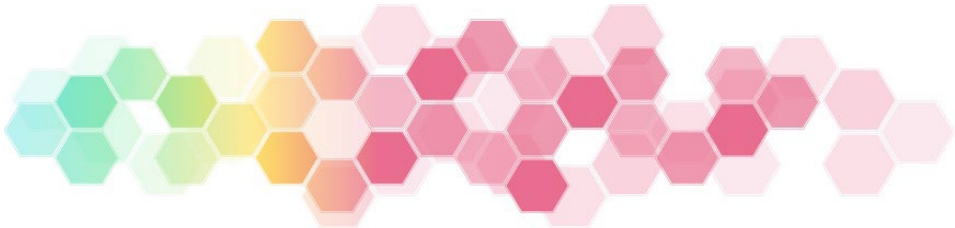
Thank You!



APPENDIX

CARE TRANSFORMATION THROUGH 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
- Collect and monitor **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)



PATIENT NAVIGATION

Provide core functions of **patient navigation**, as appropriate, to EOM beneficiaries

Purpose:

- Key element of identifying and addressing health disparities
- Facilitate care coordination for EOM beneficiaries
- Support and guide EOM beneficiaries with the goal of overcoming barriers to timely, quality care

Core Functions of Patient Navigation:[1]

1. Coordinate appointments with health care providers to ensure timely delivery of diagnostic and treatment services
2. Maintain communication with EOM beneficiaries, families, and the health care providers to monitor EOM beneficiary satisfaction with the cancer care experience and provide health education
3. Ensure that appropriate medical records are available at scheduled appointments
4. Provide language translation or interpretation services in accordance with federal law and policy
5. Facilitate linkages to follow-up services and community resources (e.g., make referrals to cancer survivor support groups and community organizations or other third parties that provide child/elder care, transportation, or financial support)
6. Provide access to clinical trials as medically appropriate

[1] Patient navigation must be provided in a manner that is compliant with all applicable laws and regulations.

CARE PLAN

Document a care plan for each EOM beneficiary that contains the 13 components of the Institute of Medicine (IOM) Care Management Plan

Purpose:

- Facilitate communication and shared decision making between health care providers and their patients

EOM participants will:

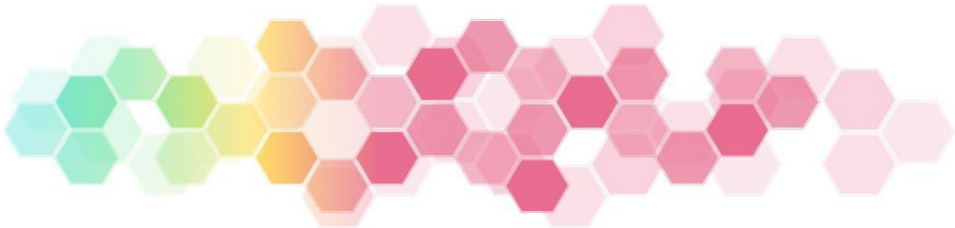
- Document a comprehensive cancer care plan, including information from the 13 elements in IOM Report
- Engage EOM beneficiary in the development of the care plan
- Share a physical or electronic copy of the care plan with EOM beneficiary for discussion and review of treatment goals on ongoing basis

[1] Abt Associates (2021). Evaluation of the Oncology Care Model: Participants' Perspectives, pg 64. Available from https://innovation.cms.gov/data-and-reports/2021/ocm-ar4-eval-part-persp-report

CARE MANAGEMENT PLAN

Components of the Institute of Medicine (IOM) Care Management Plan

1. Patient information (e.g., name, date of birth, medication list, allergies)
2. Diagnosis, including specific tissue information, relevant biomarkers, and stage
3. Prognosis
4. Treatment goals (curative, life-prolonging, symptom control, palliative care)
5. Initial plan for treatment and proposed duration, including specific chemotherapy drug names, doses, and schedule as well as surgery and radiation therapy (if applicable)
6. Expected response to treatment
7. Treatment benefits and harms, including common and rare toxicities and how to manage these toxicities, as well as short-term and late effects of treatment
8. Information on quality of life and a patient's likely experience with treatment
9. Who would take responsibility for specific aspects of a patient's care (e.g., the cancer care team, the primary care/geriatrics team, other care team)
10. Advance care plans, including advanced directives and other legal documents
11. Estimated total out-of-pocket costs of cancer treatment
12. A plan for addressing a patient's psychosocial health needs, including psychological, vocational, disability, legal, or financial concerns and their management
13. Survivorship plan, including a summary of treatment and information on recommended follow-up activities and surveillance, as well as risk reduction and health promotion activities



QUALITY MEASURES & DATA COLLECTION

EOM will include valid, reliable, and meaningful claims-based, participant-reported, and survey measures. Performance on these measures will be tied to payment: EOM participants are required to submit data to CMS for monitoring, evaluation, and payment.

QUALITY MEASURE DATA

EOM participants **collect and report** data to CMS, **no more than once annually** to align with MIPS calendar year submission..

Quality measures will focus on the following domains:

- Patient experience
- Avoidable acute care utilization
- Management of systems toxicity
- Management of psychosocial health
- Management of end-of-life care

For more detailed information on EOM Quality Measure Data, refer to EOM Quality Measures Guide

CLINICAL DATA

EOM participants **collect and report** clinical data elements (CDE) to CMS **once per performance period** that are not available in claims or captured in the quality measures. Such as:

- ICD-10-CM Diagnosis Code
- Current Clinical Status Data and TNM Staging: Primary Tumor, Nodal Disease, Metastasis
- Tumor Markers including Estrogen Receptor, Progesterone Receptor, HER2 Amplification
- Histology

For more detailed information on EOM CDEs, refer to the EOM CDE Guide.

SOCIODEMOGRAPHIC DATA

EOM participants **collect and report** sociodemographic data elements (SDE) to CMS **once per performance** period. Such as:

- Race
- Ethnicity
- Sex
- Language preference
- Sexual orientation
- Gender identity, and
- Disability status

For more detailed information on EOM SDEs, refer to the EOM SDE Guide.

HEALTH EQUITY REQUIREMENTS

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

- Incentivize care for underserved communities
- Collect and report beneficiary-level sociodemographic data
- Identify and address health-related social needs (HRSN)
- Improved access to treatment and care planning
- Develop Health Equity Plans (HEP) as use of data for continuous quality improvement (CQI)

EOM EPISODES

INCLUDED CANCER TYPES

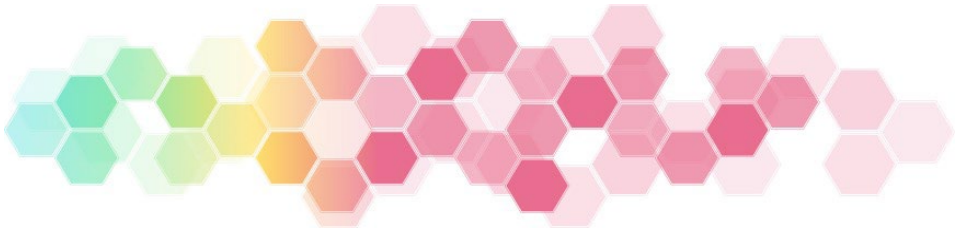
Subject to certain exceptions, **seven cancer types** will be included in EOM. These include high-risk breast cancer, chronic leukemia, small intestine/colorectal cancer, lung cancer, lymphoma, multiple myeloma, and high-risk prostate cancer

INITIATING CANCER THERAPIES

Each episode will begin with a **beneficiary's receipt of an initiating cancer therapy** and **must include a qualifying Evaluation & Management (E&M) service** during the 6-month period that follows. CMS will maintain a list of initiating cancer therapies

ATTRIBUTION

Attribution of episodes goes to the eligible oncology PGP that provides the first qualifying E&M service after the initiating cancer therapy. The PGP must provide at least 25% of the cancer-related E&M services during the episode. If the initiating oncology PGP does not bill at least 25% of cancer-related E&M services during the episode, then attribute episodes based on the *plurality* of cancer-related E&M services at an oncology PGP



DEFINING ELIGIBLE BENEFICIARIES

Eligible Beneficiary

CMS will include a Medicare Fee-for-Service (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

MODEL OVERLAP

Model Overlap

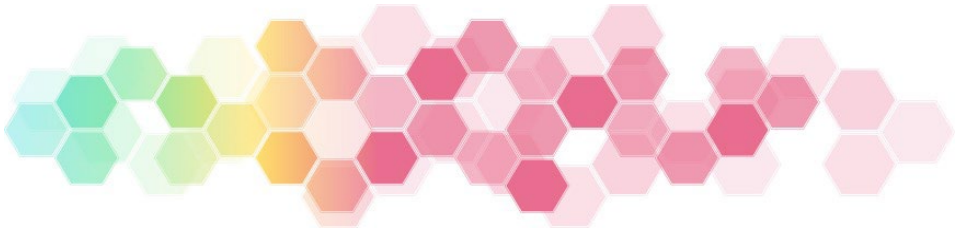
Oncology PGPs participating in **other CMS models and programs** that provide health care entities with opportunities to improve care and reduce spending during the model performance period (July 2024-June 2030) will **also be eligible to participate.** These CMS models and programs may include, but may not be limited to the following:

During the model performance period, EOM participants may simultaneously participate in Medicare ACO initiatives:

- ACO Realizing Equity, Access, and the Community Health (REACH) Model (previously known as the Global and Professional Direct Contracting Model)
- Vermont All-Payer ACO, the Medicare Shared Savings Program (Shared Savings Program)
- The three Comprehensive Kidney Care Contracting (CKCC) Options in the Kidney Care Choices (KCC) Model

EOM participants may participate in the following Innovation Center Models during the model performance period:

- Bundled Payments for Care Improvement Advanced (BPCI-A) Model
- Comprehensive Care for Joint Replacement (CJR) Model
- Primary Care First (PCF) Model
- Maryland Total Cost of Care (TCOC) Model
- Pennsylvania Rural Health Model (PARHM)
- Making Care Primary (MCP) Model
- Guiding an Improved Dementia Experience (GUIDE) Model



RISK ARRANGEMENT OPTIONS

Amounts of PBP earned or PBR owed by the EOM participant or pool **will be calculated as a percentage of the benchmark** amount. The benchmark amount represents the total projected cost of attributed episodes in the absence of EOM

	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	100% of the benchmark amount	100% of the benchmark amount
Stop-loss / Stop-gain	2% Stop-Loss 4% Stop-Gain	6% Stop-Loss 12% Stop-Gain