

# Issue Brief

FEDERAL ISSUE BRIEF

• June 27, 2022

## Enhancing Oncology Model

The Centers for Medicare & Medicaid Service's (CMS) Innovation Center is adopting a new, voluntary Enhancing Oncology Model (EOM). EOM aims to improve care coordination, quality, and health outcomes for patients while also holding oncology practices accountable for total costs of care to make cancer care more affordable and accessible for beneficiaries and Medicare.

The health equity strategy for EOM will include requiring oncology practices to screen for health-related social needs (HRSNs), introducing data reports on expenditure and utilization patterns of their patient population to help health care professionals identify and address health disparities, and offering an additional payment for the provision of Enhanced Services to patients who are dually eligible for Medicare and Medicaid. These additional payments for dually eligible patients will not be included in practices' total cost of care responsibility.

EOM participants will ask patients to routinely report their symptoms in order to encourage better communication and a more proactive care response, and EOM participants will be required to submit plans outlining how they will promote health equity.

Like the Oncology Care Model (OCM), the EOM will be a multi-payer model to promote a consistent approach across payers and EOM participants' patient population.

### Model Timeline

The application submission period opens June 27 2022 and closes September 30, 2022. The Request for Applications (RFA) is available on the EOM website at: <https://innovation.cms.gov/innovation-models/enhancing-oncology-model>. The model performance period will begin in July 2023 and end in June 2028.

### Purpose of the Model

Traditionally, cancer care has focused on treating the disease and not the person, resulting in fragmented care (e.g., the oncologist's focus on the patient is typically limited to the time when they are in an exam room with limited coordination with other providers involved in a patient's care). Similar to OCM, EOM will focus on value-based, patient-centered care for cancer patients undergoing systemic chemotherapy over time, in six-month episodes of care. Under EOM, participants will be incentivized to consider the whole patient and engage with them proactively, during and between appointments. The design of EOM builds on the lessons learned in OCM, and incorporates key learnings from the OCM experience.

### How EOM Supports Cancer Patients

Patients may receive enhanced, patient-focused services, such as 24/7 access to an appropriate clinician with real-time access to patient medical records; patient navigation services (e.g., facilitating linkages to follow-up and/or support services, providing access to clinical trials

4712 Country Club Drive  
Jefferson City, Mo. 65109

P.O. Box 60  
Jefferson City, Mo. 65102  
573/893-3700  
[www.mhanet.com](http://www.mhanet.com)



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as medically appropriate, etc.); and detailed care plans involving discussions with patients about prognosis, treatment options, symptom management, quality of life, and psychosocial health needs, among other topics. For participants' delivery of Enhanced Services, patients will not be responsible for cost sharing for any portion of the new EOM payment.

### **Key Elements of the EOM Design**

Under EOM, participating Physician Group Practices (PGPs) will take on accountability for their patients' health care quality and for total spending during six-month episodes of care for Medicare patients with certain cancers.

- CMS will give participants the option to bill for a Monthly Enhanced Oncology Services (MEOS) payment for Enhanced Services provided to eligible beneficiaries. The MEOS payment will be higher for beneficiaries dually eligible for Medicare and Medicaid.
- EOM participants will have the opportunity to earn a retrospective performance-based payment (PBP) based on quality and savings. Participants will be required to take on downside risk from the start of the model (with the potential to owe CMS a performance-based recoupment).
- EOM participants will be required to implement participant redesign activities, including 24/7 access to care, patient navigation, care planning, use of evidence-based guidelines, use of electronic Patient Reported Outcomes (ePROs), screening for health-related social needs, use of data for quality improvement, and use of certified electronic health record technology.
- EOM will focus on beneficiaries receiving systemic chemotherapy (that is, not beneficiaries receiving hormonal therapy only) for seven cancer types: breast cancer, chronic leukemia, small intestine/colorectal cancer, lung cancer, lymphoma, multiple myeloma, and prostate cancer.

### **Model Participants and Locations**

CMS says that "Oncology PGPs located anywhere in the United States are encouraged to apply to participate." Similar to OCM, EOM will be a multi-payer model. Private payers, Medicare Advantage plans, and state Medicaid agencies are invited to apply for the model and to enter into a Memorandum of Understanding (MOU) with CMS. There will be two parts of EOM: one operated by CMS for Medicare FFS, and another operated by EOM payers for their enrollees who are patients of an EOM participant. This will encourage PGPs to have the same approach for both Traditional Medicare beneficiaries and patients with other forms of health insurance.

### **Quality Payment Program (QPP)**

EOM includes two risk arrangements with differing levels of downside risk. Both EOM risk arrangements are expected to qualify as a Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) under the QPP beginning in July 2023. The risk arrangement with increased downside risk (EOM's Risk Arrangement 2) is expected to meet the criteria under 42 CFR § 414.1415 to be an Advanced APM under the QPP beginning in July 2023. Advanced APM participation allows a clinician the opportunity to achieve Qualifying APM Participant (QP) status and be excluded from the MIPS reporting requirements and payment adjustments. Clinicians in an Advanced APM that do not achieve QP status will be subject to the MIPS reporting requirements and payment adjustments.

### **COMMENT**

The material above is abstracted from CMS' fact sheet on this subject. Note, the model is voluntary.

There will be an EOM Overview Webinar on Thursday, June 30, 2022 at 3:00-4:30 PM EST. You need to register at: [https://deloitte.zoom.us/webinar/register/WN\\_wO8EuGVT6Gs2YUEDVevcg](https://deloitte.zoom.us/webinar/register/WN_wO8EuGVT6Gs2YUEDVevcg).