

# ENHANCING ONCOLOGY MODEL:

## FACT SHEET



a medical knowledge group company

## What is the Enhancing Oncology Model (EOM)?

The EOM is a new healthcare delivery model and value-based care payment system administered by the Centers for Medicare and Medicaid Services (CMS) and being tested by the Center for Medicare and Medicaid Innovation (CMMI). The EOM builds on the CMS's Oncology Care Model, which ended in 2022, and aims to improve the quality of care and support for cancer patients, focus on health equity, and reduce costs of care through payment incentives for healthcare providers (HCPs). Unlike its predecessor OCM, EOM participants will face differing levels of downside risk in addition to the potential of receiving incentive payments.

### REIMBURSEMENT UNDER EOM

Under the EOM, participating providers and practices have the opportunity to receive enhanced reimbursement in addition to fee-for-service payments and must elect one of two value-based payment arrangements with differing risks.


- Monthly Enhanced Oncology Services (MEOS) Payment: HCPs may bill up to six MEOS payments for providing patients with “enhanced services,” equal to \$70 per beneficiary per month (or \$100 for beneficiaries dually eligible for Medicare and Medicaid)
- Performance-based Payment (PBP): HCPs may earn a retrospective payment based on quality of care provided and cost savings in delivering care relative to risk-adjusted benchmarks, but are also at risk for a performance-based recoupment (PBR)

## What do you need to know about the EOM?

PATIENTS	PROVIDERS	PAYERS	PHARMACEUTICAL MANUFACTURERS
CMS aims to improve health outcomes and further support patients through coordinated care, increased access to care teams and patient records, and incorporating social and environmental factors in care plans—without increasing out-of-pocket costs to the patient.	EOM requires providers to focus on eight patient-focused practice redesign activities for the opportunity to earn additional payments when meeting or exceeding quality targets and total cost of care benchmarks. However, participants also face negative reimbursement for underperforming.	EOM is potentially a multi-payer model. Medicare Advantage plans, state Medicaid agencies, and commercial payers may choose to align their oncology value-based payment models with EOM and partner with participants.	The payment arrangements under EOM incentivize HCPs to provide care at a lower total cost of care—which includes Medicare Part B and Part D drug costs. Manufacturers of higher-cost oncology treatments should assess how EOM and value messaging may affect access or HCP prescribing patterns.

*To learn more about the implications of the Enhancing Oncology Model and how federal policy affects your organization's strategy, contact us at [info@magnoliamarketaccess.com](mailto:info@magnoliamarketaccess.com).*

## EOM AT A GLANCE

Voluntary  program beginning on July 1, 2023, and ending on June 30, 2028

Eligible participants include oncology physician group practices with patients receiving systemic chemotherapy for

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**BREAST CANCER**                      **LUNG CANCER**                      **MULTIPLE MYELOMA**  
**CHRONIC LEUKEMIA**                      **LYMPHOMA**                      **PROSTATE CANCER**  
**SMALL INTESTINE/COLORECTAL CANCER**



Double-sided **RISK-BASED PAYMENT MODEL** where performance is measured against quality targets and cost benchmarks to determine additional payment received or recoupment owed

**2 PAYMENT** arrangement options with differing levels of **UPSIDE**  **DOWNSIDE** risk

Based on  episodes of care  
**MONTH**