

# Overview of EOM



## Model Timeframe

- Five-year, voluntary payment and delivery model, ***scheduled to begin July 1, 2023***



## Key Elements

- Will focus on beneficiaries receiving systematic chemotherapy for ***seven high-risk cancer types***
- EOM participants responsible for beneficiary episodic Total Cost of Care; episode duration last six-months
- Participants are paid FFS with an ***option to bill for a Monthly Enhanced Oncology Services Payment (MEOS)*** for Enhanced services provided to eligible beneficiaries
- Retrospective performance-based payment (PBP) or performance-based recoupment (PBR) based ***on total cost of care and quality***
- ***Required Care Transformation through Participant Redesign Activities (PRAs)***
- ***Health Equity*** -- requirements to address health-related social needs and collect/report data



## Eligibility

- **Physician Group Practices (PGPS):** must be a Medicare-enrolled oncology PGP identifiable by a unique TIN
  - Must include one EOM practitioner with a Hem/Onc or Med Onc specialty code and has reassigned billed rights to the PGP TIN.
  - EOM will also allow pooling of two or more EOM participants for purposes of reconciliation calculations
- **Care Partners:** Medicare providers that enter into a financial arrangement with an EOM participant and engages in one PRA during the performance year
- **Other Payors:** Commercial Plans, Medicare Advantage Plans or Medicaid agencies that partner with at least one EOM participant, and align VB payment and model with the CMS EOM model