

ENHANCING ONCOLOGY MODEL (EOM) APPLICATION PORTAL

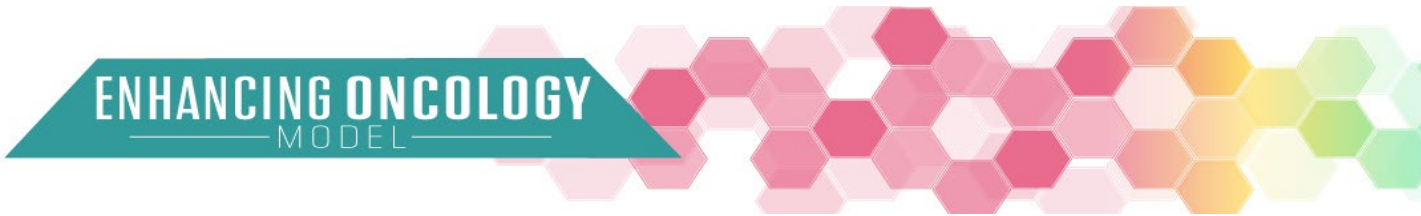
Physician Group Practice (PGP) User Guide

June 24, 2024

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Innovation



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1. Overview

This guide provides a step-by-step guide to help applicants apply to the CMS Innovation Center's Enhancing Oncology Model (EOM). This step-by-step guide is specifically for applications for a second cohort of EOM participants and EOM payers.

To apply to participate in EOM, applicants must submit their applications using the EOM Request for Application (RFA) Portal at <https://app.innovation.cms.gov/EOM>. Submission of the PDF version of this application will not be accepted. **The EOM RFA Application Portal opens on July 1, 2024, and all EOM applications must be submitted by 11:59 PM ET on September 16, 2024.** CMS may not review applications submitted after the deadline.

The second cohort will begin participation in EOM on July 1, 2025, and end on June 30, 2030. CMS wanted to provide adequate time for the second cohort to prepare for model implementation, including time to review historical claims data and the participation agreement.

The model performance period for the first cohort began on July 1, 2023, and will end June 30, 2030, which is a two-year extension from the original end date of June 30, 2028. The full model test, spanning the first and second cohorts, is July 1, 2023, to June 30, 2030. Refer to the RFA for additional information about EOM.

EOM is a voluntary model test that is national in scope and is designed to test care transformation, quality improvement, and financial and performance accountability for episodes of care surrounding cancer treatment administration to cancer patients.

CMS envisions that this voluntary model will improve quality and reduce costs because its payment methodology is aligned with care quality, and because EOM participants will have significant opportunities to redesign care and improve the quality of care furnished to beneficiaries receiving care for certain cancers.

For questions regarding EOM or the EOM application process, email EOM@cms.hhs.gov.

2. Getting Started

This guide provides the information necessary for users to access the Application Portal for a CMMI Model. For questions on gaining access to this site, please contact CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433.



2.1. Application Access Time-Out

There is no auto-save function. **Save your updates** before navigating away from the browser window. The system will time out after thirty minutes of inactivity.

2.2. Troubleshooting & Support

Please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5, or email CMMIForceSupport@cms.hhs.gov for technical support. If you are using Internet Explorer (IE), please make sure the browser is IE 11 or higher before attempting to navigate through this site. Salesforce does not support prior versions of IE.

2.3. Error Messages

Note: The Submit function is not available until the information entry on the page is complete. If any required information is missing from the application, the submission will not be completed, and a list of missing information will display under “Application Checklist” along with a bar that indicates how much information has been completed. “Application Checklist” is displayed at the top of the application window. The underlined text in the error messages are links to the page where the required information is missing.

Once you have reconciled the error messages, remember to **“Save”** before proceeding and return to the Certify and Submit page.

3. Registration

Before you can apply for EOM, you are required to register for access to the EOM Application portal. Enter the following address into your web browser:

<https://app.innovation.cms.gov/EOM>. You will see the EOM Application portal login page.



Figure 1: Application Login Page

CMS.gov
Centers for Medicare & Medicaid Services

Enhancing Oncology Model

CMS IDM Username

CMS IDM Password

Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

3.1. New User Registration

Select the “**New User Registration**” button if this is your first-time requesting access to a CMMI application. If you are an existing user, refer to section 3.2.

3.1.1. New User Registration (No CMS IDM Account)

Figure 2: Existing CMS Identity Management (IDM) Account Verification

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

Yes

No

I don't know

Cancel Next >>

Help Links

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://herp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

Please DO NOT refresh the browser / tab during registration process.


As a new user attempting to access the Salesforce Application Portal, select “**No**” and then select the “**Next**” button to continue. If you are a new user to the Application Portal, but already have a CMS IDM account, refer to section 3.1.2.



Figure 3: Existing CMS Identity Management (IDM) Account Registration

CMS.gov

IDM Registration

* Create New Username for CMS-IDM 

* Legal First Name

* Legal Last Name

* Email Address

<< Back Return to Login Next >>

Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@-word" is NOT allowed)
- Username only supports the following special characters: @!~.,_
- Username must be in email format if special character @ is used

Please DO NOT refresh the browser / tab during registration process.

Enter all required field(s) and select “Next”.

Figure 4: Successful Registration Page

CMS.gov

Thank you for registering with CMS Identity Management (IDM), your account has been created successfully.

Before accessing the requested Portal, you will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)

Return to Login Continue to Verify Identity RIDP Complete - ONLY FOR DEMO

Please DO NOT refresh the browser / tab during registration process.

After successful registration with the CMS IDM site, select “Continue to Verify Identity” to authenticate the registering individual’s identity. Please note that RIDP authentication is a two-step process.

Figure 5: Existing CMS Identity Management (IDM) Account Verification

Remote Identify Proofing (RIDP) [Tips for Success](#)
Step 1 out of 2

* Legal First Name: John Middle Name: Legal Last Name: Doe
Email: John.Doe@mailinator.com * Date of Birth: MM/DD/YYYY
* Street Address Line 1: Street Address Line 2:
* City: * State: Select State * Zip Code: Zip Code Extn:
* Phone (XXXXXXXXXX): XXXXXXXXXXXX * Social Security Number (XXXXXXXXXX): XXXXXXXXXXXX

<< Back Return to Login Next >>

Enter all required information and select **“Next”**. Please note that Remote Identify Proofing (RIDP) is the process of validating sufficient information that uniquely identifies the registering individual (e.g., credit history, personal demographic information, and other indicators).

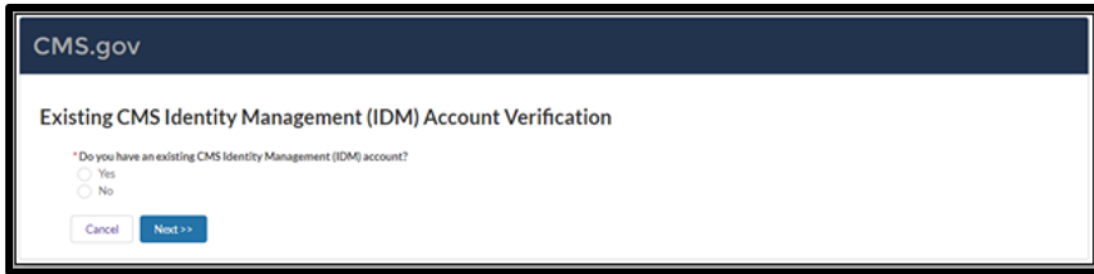
After successful authentication of RIDP, users will receive two emails.

- Activate CMS IDM account email
- Welcome Model Community email

After activation of the user’s CMS IDM account, the individual will be prompted to create a password.

3.1.2. New User Registration (With CMS IDM Account)

Figure 6: Existing CMS Identity Management (IDM) Account Verification



CMS.gov

Existing CMS Identity Management (IDM) Account Verification

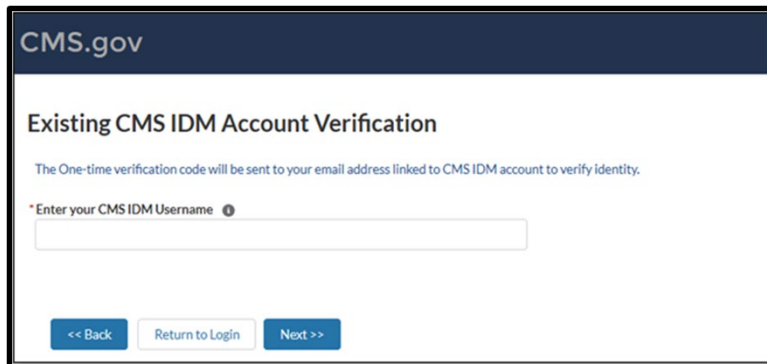
* Do you have an existing CMS Identity Management (IDM) account?

Yes

No

If you already have a CMS IDM account, but do not have access to the Application Portal or did not previously apply for EOM, select “Yes”. Then click the “Next” button to proceed.

Figure 7: Existing CMS IDM Account Verification Page



CMS.gov

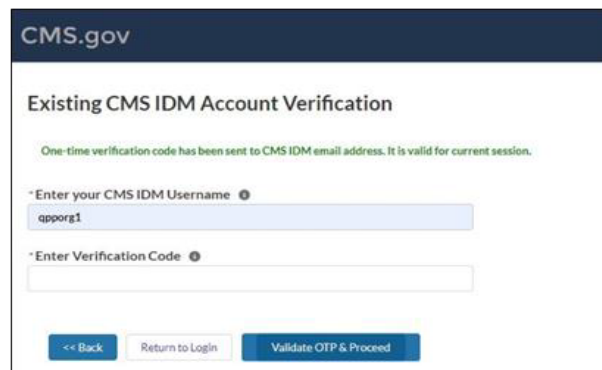
Existing CMS IDM Account Verification

The One-time verification code will be sent to your email address linked to CMS IDM account to verify identity.

* Enter your CMS IDM Username ⓘ

Enter your CMS IDM username and select “Next”. A verification code will be sent to the email linked to your CMS IDM account.

Figure 8: Verification Code



CMS.gov

Existing CMS IDM Account Verification

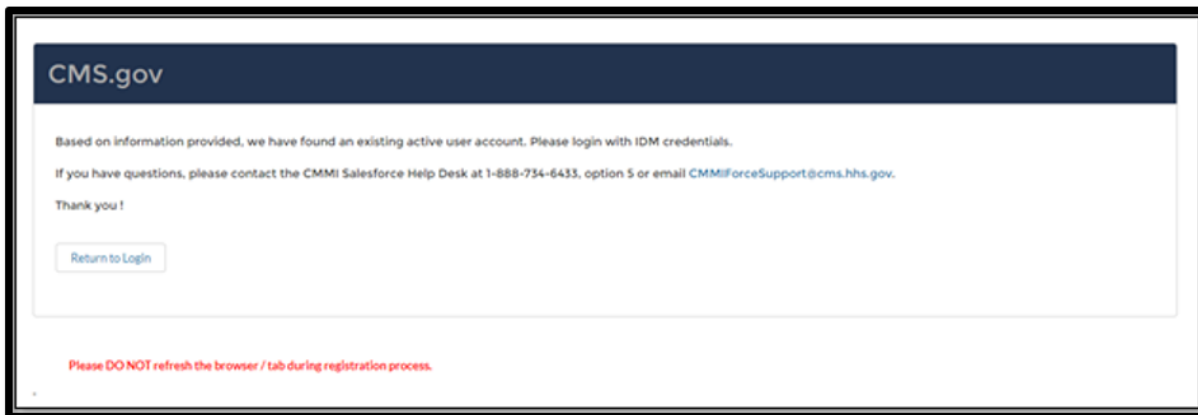
One-time verification code has been sent to CMS IDM email address. It is valid for current session.

* Enter your CMS IDM Username ⓘ

* Enter Verification Code ⓘ

Enter the one-time verification code provided in your email and select “**Validate OTP & Proceed**”.

Figure 9: Successful Verification of the CMS IDM Account



The Application Portal permissions will be added to your account, and you will now have access to login using your CMS IDM credentials.

3.2. Existing User Registration

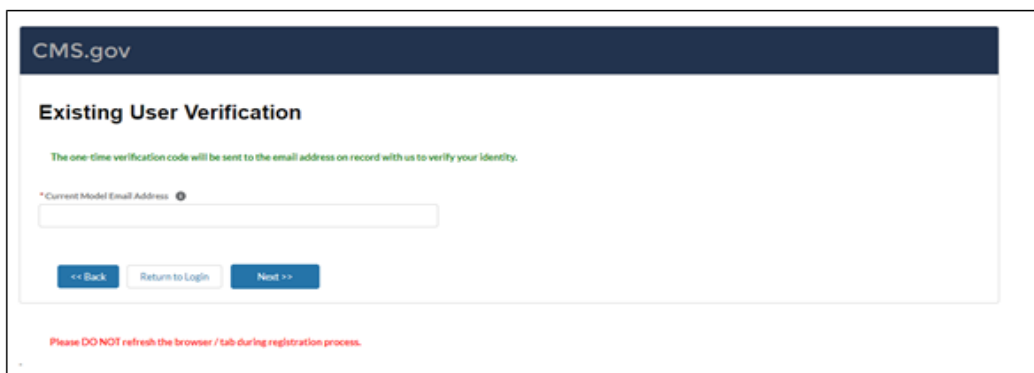
If you are an existing Application Portal user, and previously applied to EOM, select “**Existing User Verification**” from the Application Login page (see Figure 1).

3.2.1. Existing User Registration (No CMS IDM Account)

If you are an existing Application Portal user, but do not have a CMS IDM account, follow the instructions below. If you do have a CMS IDM account, refer to section 3.2.2.

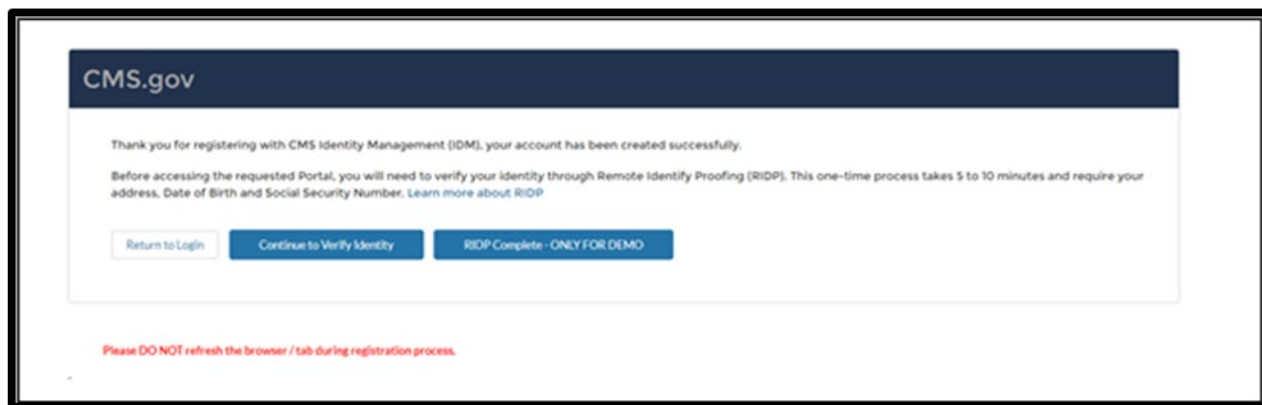
Select “**No**” on the Existing CMS Identity Management (IDM) Account Verification page (see Figure 2).

Figure 10: Existing CMS IDM Account Verification



Enter the email address that is currently associated with your application and select “Next”. Enter the one-time verification code sent to the email address initially provided.

Figure 11: Successful CMS IDM Registration Page



After successful registration, you will receive two confirmation emails.

- CMS IDM account activation email
- Welcome to the Application Portal email

When activating the CMS IDM account, you will be required to authenticate through RIDP. Select “Continue to Verify Identity” and follow RIDP verification. After successfully authenticating through RIDP, you will be prompted to create a password. Then you will be able to log in to the Application Portal.

3.2.2. Existing User Registration (With CMS IDM Account)

If you have a CMS IDM account and have permission to use the Application Portal, please follow the steps below to authenticate your identity for the first time:



Select **“Yes”** on the Existing CMS Identity Management (IDM) Account Verification page (see Figure 2).

Enter your current CMS IDM account and current model email address, then select **“Next”**.

You will be prompted to enter a one-time verification code. You can now return to the login page and log in to the Application Portal.

Note: If you have different email addresses linked to CMS IDM and the Application Portal, then you will be prompted to provide two verification codes.

4. Password

4.1. Reset Password

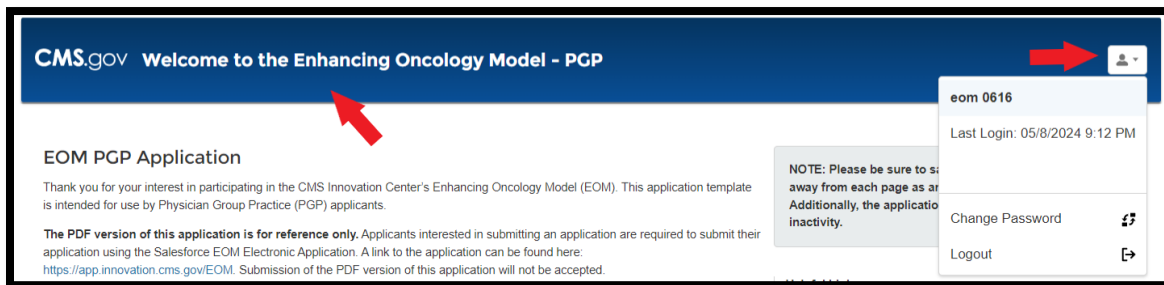
If you forget your password, navigate to the Login page (see Figure 1) and click on the **“Need help signing in?”** link.

Select the **“Forgot password?”** option and enter the email or username linked to your profile. You will receive an email to reset your password. Follow the steps provided in the email.

4.2. Change Password

To change your password, select the **“Change Password”** link provided on the Application Portal pages.

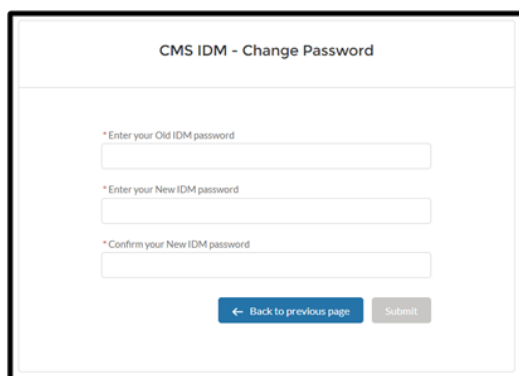
Figure 12: Change Password Link on Portal



Select **“Change Password”**.



Figure 13: CMS IDM – Change Password Page



Fill out the required fields and select **“Submit”**. You can now log in using your new password.

4.3. Unlock CMS IDM Account

After two or more invalid attempts to log in to the Application Portal, your account will be temporarily locked. To unlock your account, you should select the **“Need help signing in?”** option on the Login page (see Figure 1).

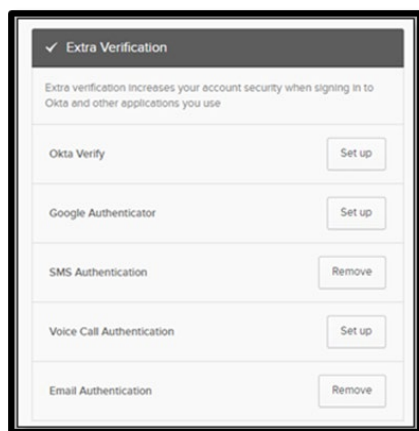
Then select the **“Unlock account?”** link.

Enter your email or username and select **“Send Email”**.

4.4. Multi Factor Authentication (MFA)

After logging into the CMS IDM, you are navigated to the IDM landing page. Select at least one of the verification options from the MFA Set Up page:

Figure 14: MFA Set Up



Choose the desired MFA factor(s) and select **“Set up”**.

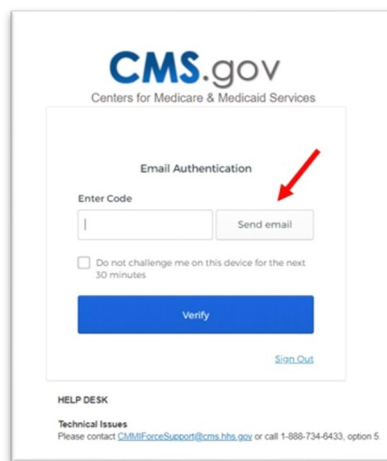
5. Login to the Application Portal

Enter the following address into your web browser: <https://app.innovation.cms.gov/EOM>. You will see the EOM Application portal login page.

Enter your username and password. Select **“Login”**.

After logging in, a verification page will display, and you will see the option to send verification to your selected MFA (e.g. email, SMS, Okta, etc.). In Figure 14, “Email Authentication” is selected, so the user is prompted to send the verification code via the **“Send Email”** button (see Figure 15).

Figure 15: Email Authentication Page

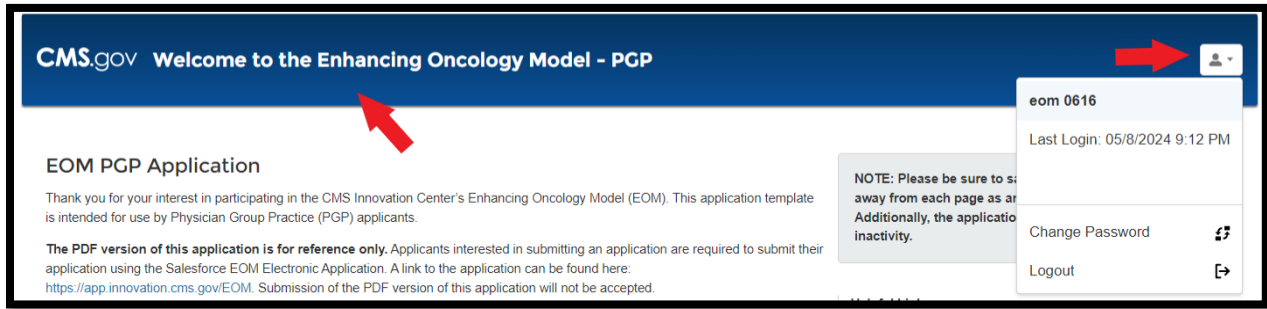


Once received, enter the verification code, and select **“Verify”**. You will then be logged into the Application Portal.

5.1. System Organization and Navigation

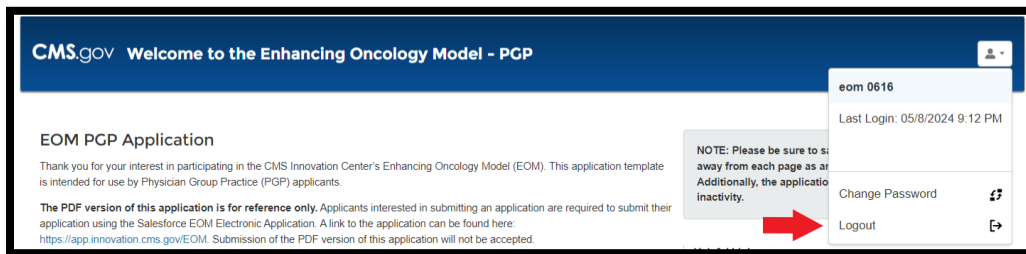
After logging into the Application Portal, you will see the following landing page. The dropdown menu on the right will show your Last Login, a Change Password option, and a Logout option.

Figure 16: System Organization & Navigation



Please ensure that you save your work prior to logging out of the application.

Figure 17: Logout Menu



6. Using the System

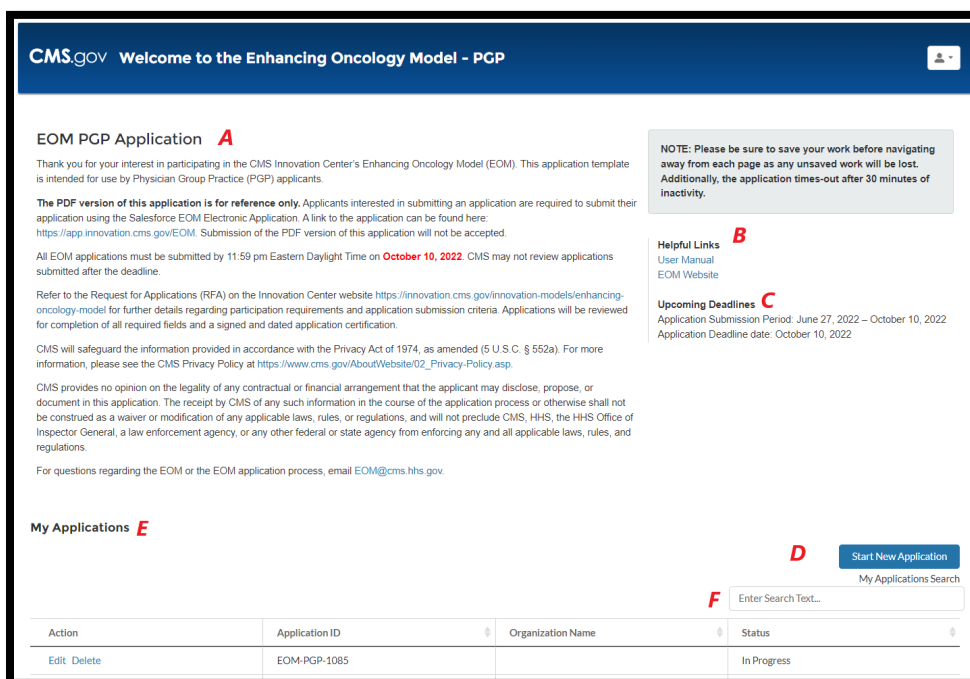
6.1. Home Page

The EOM application Home page contains the following:

- A. Information about the EOM application.
- B. Helpful Links
- C. Upcoming Deadlines
- D. The Start New Application link
- E. My Applications Table
- F. Search



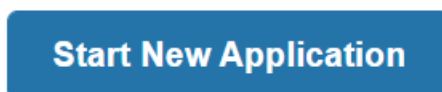
Figure 18: Home Page



6.1.1. Start a New Application

To start a new application, you must select the “Start New Application” link (letter D on Figure 18), which leads to the Background Information page.

Figure 19: Start New Application



6.2. Complete Profile

6.2.1. Organizational Information Page

The EOM applicant is a Medicare-enrolled oncology physician group practice (PGP) identified by a single Taxpayer Identification Number (TIN) and composed of one or more oncology practitioners that treat Medicare beneficiaries who have been diagnosed with cancer.



Helpful tips:

Applicant PGP Legal Name: The legal entity identified here as the applicant must be the same legal entity that would execute a participation agreement with CMS upon acceptance into the model.

Doing Business As (DBA) Name(s): (if different from PGP Legal Name):

Where is your PGP located: Provide Street address, city, and state for all locations where Evaluation and Management (E&M) services related to cancer treatment billed under the TIN of your PGP are furnished.

Taxpayer Identification Number (TIN): Provide the TIN under which your PGP expects to bill Medicare under EOM.

Search for your organization’s legal name using the **“Lookup Organization”** field.

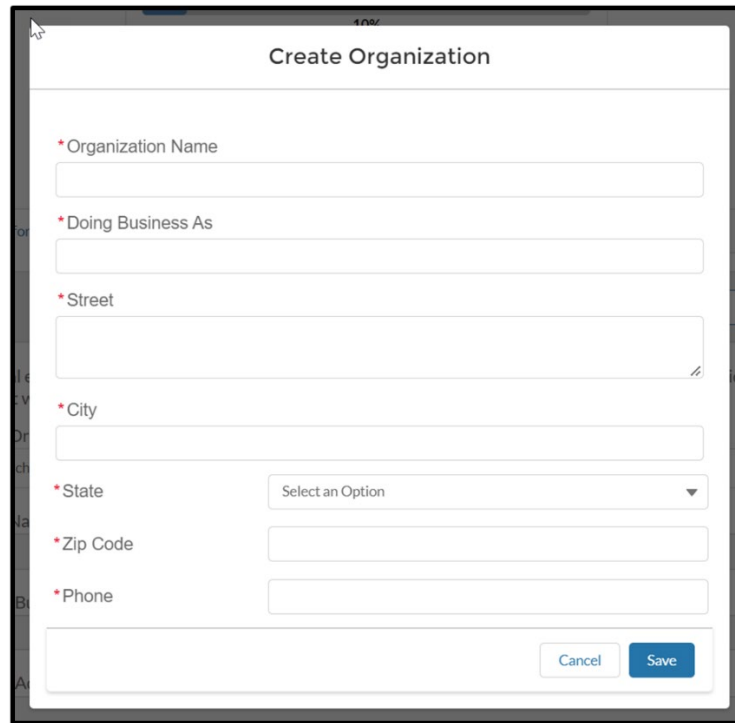
Figure 20: Organizational Information (Question 1, A through L)

The screenshot displays a web-based form titled "Organizational Information" with three progress bars at the top: "Complete Profile" (100%), "Complete Application" (100%), and "Certify and Submit" (100%). Below the progress bars are tabs for "Organization Information" and "Contact Information". The "Organization Information" tab is active, showing a "Lookup Organization" search bar with a "search" button and a magnifying glass icon. Below the search bar are input fields for: a. Legal Name, b. Doing Business As (DBA) Name(s), c. Street Address, d. City, e. State, f. Zip Code, g. +4 (Optional), h. Phone, i. Website, j. Taxpayer Identification Number (TIN), k. Provider Transaction Access Number (PTAN), and l. Additional PTAN. At the top right of the form are buttons for "Save", "Save And Continue", and "Cancel".

If your organization cannot be found, select “+ New Organization” and complete the required fields.

Select “Save” when complete.

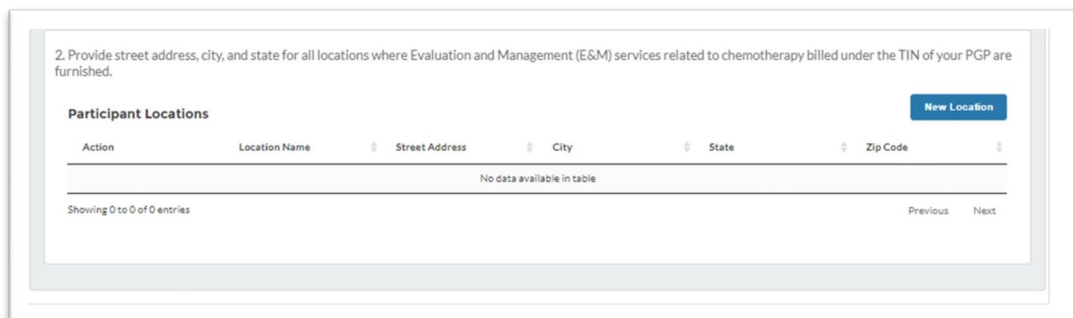
Figure 21: New Organization



The screenshot shows a web form titled "Create Organization". It contains several required fields, each marked with a red asterisk: "Organization Name", "Doing Business As", "Street", "City", "State" (a dropdown menu with "Select an Option" selected), "Zip Code", and "Phone". At the bottom right of the form are "Cancel" and "Save" buttons.

Next, complete the second question by selecting “New Location”. Fill in the required fields.

Figure 22: Organization Information (Question 2)



The screenshot shows a question prompt: "2. Provide street address, city, and state for all locations where Evaluation and Management (E&M) services related to chemotherapy billed under the TIN of your PGP are furnished." Below the prompt is a table titled "Participant Locations". The table has columns for "Action", "Location Name", "Street Address", "City", "State", and "Zip Code". The table is currently empty, with the text "No data available in table" centered below the header. A "New Location" button is located in the top right corner of the table area. At the bottom left, it says "Showing 0 to 0 of 0 entries", and at the bottom right, there are "Previous" and "Next" navigation links.

When “New Location” is selected, the below pop-up box will appear.

Figure 23: Organization Information (Question 2 Pop-up)

The screenshot shows a pop-up window titled "Add Participant Location". It contains five required text input fields: "Location Name", "Street Address", "City", "State" (a dropdown menu with "--Please Select One--"), and "Zip Code". Each field is marked with a red asterisk. At the bottom of the form are three buttons: "Save", "Save and New", and "Close".

Once you have added your locations, select **“Save”** and you will be returned to the Organization Information page.

Select **“Save”** when complete.

6.2.2. Contact Information Page

This section asks for contact information for PGP contacts needed for EOM. Please identify the most appropriate person for each contact field and enter their most current contact information.

- The Primary and Secondary Contacts will receive model related communications including the letter with the status of your PGP’s acceptance to participate in EOM.
- The Primary Point of Contact will also be the individual responsible for addressing any questions related to the application submitted for your PGP. If your PGP needs to update a contact after the application submission deadline, please email EOM@cms.hhs.gov.

Choose contact type: Primary, Secondary, Tertiary, Other.

Please note: Only one contact at each level is required. Contacts may be used for outreach from CMS throughout the application process.

Figure 24: Contact Information

CMS.gov Enhancing Oncology Model

My Applications > EOM-PGP-0124 [Download PDF](#) [Application Checklist](#)

Complete Profile 10% Complete Application 10% Certify and Submit 10%

Organization Information Contact Information

Contact Details [Add Contact](#)

Action	Contact Type	Email Address	Contact Name	Title/Position	Address	Phone
No data available in table						

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Continue](#)

Figure 25: Add Contact

Contact Details

* Contact Type
Select an Option

* Email Address

* First Name

* Last Name

* Title/Position

* Street Address

* City

* State
Select an Option

* Zip Code

+4 (Optional)

* Phone

Extension

[Save](#) [Close](#)

Enter the required information and then click **“Save”**. If you select **“Close”**, your information will not be saved. After entering your contact details, select **“Continue”** from the Contact Information page (see Figure 24) to proceed.

6.3. Complete Application

6.3.1. PGP Profile Information

Please list all organizational National Provider Identifiers (NPIs) that bill under your PGP's TIN. List only organizational NPIs here; individual NPIs are collected elsewhere in the application.

- When providing each TIN under which your PGP has billed Medicare for oncology care at any time between July 1, 2016, and the present, your thorough and accurate completion of this TIN list is crucial for model operations.
- If your PGP has merged with another PGP since July 1, 2016: include any TIN(s) that the PGPs involved in this merger have used to bill Medicare for oncology care at any time since July 1, 2016.
- If your PGP acquired another PGP on or after July 1, 2016, and the acquired PGP now bills under your PGP's TIN: include any TIN(s) under which the acquired PGP previously billed Medicare for oncology care at any time since July 1, 2016.
- If your PGP acquired another PGP on or after July 1, 2016, but the acquired PGP has never billed under your PGP's TIN: it is not necessary to include TINs associated with the acquired PGP in this list.
- If you are uncertain whether a specific TIN should be included in this list, please include the TIN and use the Notes field to enter any pertinent information about that TIN and its association with your PGP. For each TIN listed, please specify the effective start date and specify the effective end date OR indicate that the TIN is currently in use. CMS may contact you for additional information regarding current and former TIN(s).

Respond to all required questions and select **"Save And Continue"**.



Figure 26: PGP Profile Information (Question 1 through 5)

The screenshot displays a web-based form titled "PGP Profile Information" with five numbered questions. At the top right, there are three buttons: "Save", "Save And Continue", and "Cancel". The form is titled "Provide the following information regarding your PGP:" and contains the following questions:

- 1. Does your PGP contain organizational NPIs that bill under your TIN?** A dropdown menu is shown with "Yes" selected.
- 1a. If yes, please list all organizational NPIs:** A text input field with a "10000 characters remaining" indicator.
- 2. Please provide a brief description of your PGP's organizational structure (e.g., hospital-based or community-based):** A text input field with a "10000 characters remaining" indicator.
- 3. How long has your PGP been in existence? Specifically, when was the PGP that would be participating in EOM incorporated under state, federal, or tribal law?** A text input field.
- 4. Please provide a brief description of your PGP's areas of medical specialty (e.g., oncology-specific, multi-specialty):** A text input field with a "10000 characters remaining" indicator.
- 5. Has your PGP been restructured in any way since July 1, 2016 (the start of the model baseline period), including any TIN changes or changes in control such as a merger or acquisition?** A dropdown menu is shown with "Yes" selected.
- 5a. If yes, please provide a brief explanation of the restructuring. Include all legal names, including all DBA names, and TINs in use during calendar years 2016-2022:** A text input field with a "10000 characters remaining" indicator.

6.3.2. PGP Information

Please provide a brief summary about the geographic area(s) where your PGP provides care, including where most of the PGP's Medicare fee-for-service beneficiaries reside; and if the area is a health professional shortage area designated by the Secretary pursuant to section 332 of the Public Health Service Act (42 USC § 254e) and its implementing regulations (42 CFR part 5).

Please provide the NPI, name, and specialty code for each practitioner who currently provides cancer E&M services to Medicare fee-for-service beneficiaries receiving cancer treatment for an included cancer type*, has reassigned his or her right to receive Medicare payments to the TIN of the PGP, and is proposed to participate in EOM as an EOM practitioner (as defined in section II.B.ii. of the RFA).

As described in section V.A.ii of the RFA, the included cancer types are breast cancer (excluding low-risk breast cancer), chronic leukemia, small intestine/colorectal cancer,

lung cancer, lymphoma, multiple myeloma, and prostate cancer (excluding low-intensity prostate cancer).

Respond to all required questions and click **“Save And Continue”**.

Figure 27: PGP Information (Questions 1 through 2)

The screenshot shows a web form with a navigation bar at the top containing tabs: PGP Profile Information, PGP Information, Pooling with EOM Participants, Care Partner Information, Incorporation and Licensure, Disclosure, and Narratives. Below the navigation bar are three buttons: Save, Save And Continue, and Cancel.

Question 1: "Please provide a brief summary about the geographic area where your PGP provides care, including where most of the PGP's Medicare fee-for-service beneficiaries reside; if the service area encompasses urban, suburban, and/or rural locations; and if the area is a health professional shortage area designated by the Secretary pursuant to section 332 of the Public Health Service Act (42 USC § 254e) and its implementing regulations (42 CFR part 5)." Below the text is a large text input field with a "10000 characters remaining" indicator.

Question 2: "In the table below, please provide the NPI, name, and specialty code for each practitioner who currently provides cancer E&M services to Medicare fee-for-service beneficiaries receiving chemotherapy for an included cancer type*, has reassigned his or her right to receive Medicare payments to the TIN of the PGP, and is proposed to participate in EOM as an EOM practitioner (as defined in the EOM Participants and EOM payers sub-section under the Model Timing and Duration section of the RFA)." Below the text is a note: "*As described in the Model Episodes sub-section under the Model Design Elements section of the RFA, the included cancer types are breast cancer (excluding low-risk breast cancer), chronic leukemia, small intestine/colorectal cancer, lung cancer, lymphoma, multiple myeloma, and prostate cancer (excluding low-intensity prostate cancer)." There is an "Add NPI" button and an "NPI Search" input field with the placeholder "Enter Search Text...".

Action	NPI	Name	Specialty Code
No data available in table			

Showing 0 to 0 of 0 entries Previous Next

After CMS reviews historical data on Medicare billing for cancer related E&Ms outside of your PGP's TIN by practitioners that also bill Medicare for cancer-related E&Ms under your TIN, CMS may require your PGP to enter into a mandatory pooling arrangement with another PGP as a condition of participation in EOM. Refer to the next section on pooling for more information on pooling and pooling arrangements.

For question two, select **“Add NPI”** and fill out the required information.

The Specialty Code picklist will show two choices:

- a. 83 - Hematology/Oncology
- b. 90 - Medical Oncology

Figure 28: PGP Information (Question 2 Pop-up)

The screenshot shows a form titled "NPI Details". It contains three input fields, each with an asterisk indicating it is required: "NPI", "Name", and "Specialty Code". The "Specialty Code" field is a dropdown menu with the text "Select an Option" and a downward arrow. Below the fields are three buttons: "Save", "Save and New", and "Close".

After completing all required fields, select **“Save and New”**. Add NPIs that meet the eligibility criteria of an EOM Practitioner within your organization.

Finish entering the PGP Information section and select **“Save And Continue”**.

6.3.3. Pooling with EOM Participants

Pooling means that two or more EOM participants are considered together for reconciliation calculations, meaning that their performance for each performance period will be aggregated to determine whether the pool, if eligible, has earned a performance-based payment (PBP) or owes CMS a performance-based recoupment (PBR). Participation in a pool under EOM may be voluntary or mandatory. The financial relationship among members of a pool will be governed by a pooling arrangement. The terms for such pooling arrangements will be set forth in the Participation Agreement.

Please respond to all required questions. If you select “Yes” to Question 1, then you can add the necessary details by selecting **“New Pooling PGP Applicant”**.

Please note: Any PGP with which you plan to enter into a pool, must also submit an EOM PGP Application (if not currently participating in EOM). After CMS reviews historical data on Medicare billing for cancer-related E&Ms outside of your PGP’s TIN by practitioners that also bill Medicare for cancer-related E&Ms under your TIN, CMS may require your PGP to enter into a mandatory pooling arrangement with another PGP as a condition of participation in EOM. Refer to the next section on pooling for more information on pooling and pooling arrangements.

Figure 29: Pooling with EOM Participants (Question 1 Expanded)

Figure 30: Pooling with EOM Participants (Question 1 Pop-up)

If there are multiple applicants, select **“Save And New”**.



Finish completing the Pooling with EOM Participants section and select **“Save And Continue”**.

6.3.4. Care Partner Information

EOM participants may want to enter into financial arrangements with one or more Care Partner(s) who contribute to the EOM participant’s episode performance under EOM. Under such Care Partner arrangements, an EOM participant may share all or some of the PBPs they receive from CMS with its Care Partners. Likewise, under such arrangements EOM participants and their Care Partners may share the responsibility for repaying PBRs to CMS.

The term “Care Partner” means an individual or entity that is a Medicare-enrolled provider or supplier that engages in at least one of the PRAs during a performance period; has entered into a Care Partner arrangement with an EOM participant; is identified on the EOM participant’s Care Partner List; and is not an EOM practitioner. If an Applicant wishes to enter into a Care Partner arrangement, it must submit a proposed Care Partner List in the application. Applicants are not required to have Care Partners.

Select **“New Care Partner”**.

Figure 31: Care Partner Information (Question 1)

My Applications > EOM-PGP-0121 Download PDF Application Checklist

Complete Profile 100% Complete Application 53% Certify and Submit 10%

PGP Profile Information PGP Information Pooling with EOM Participants **Care Partner Information** Incorporation and Licensure Disclosure Narratives

Continue

1. CMS may approve Medicare-enrolled providers or suppliers to be Care Partners as discussed in the financial Arrangements sub-section under the Benefit Enhancements, Financial Arrangements, and Patient Incentives section of the RFA. CMS will collect Care Partner Lists on at least an annual basis during each calendar year of EOM.

In the table below, please provide information regarding each individual and entity you propose will serve as a Care Partner.

Care Partner New Care Partner

Care Partner Search

Enter Search Text...

Action	NPI	CCN	TIN	Name of Individual or Entity	Nature or Category of proposed Care Partner
No data available in table					

Showing 0 to 0 of 0 entries Previous Next

Complete the Care Partner Details pop-up and select **“Save”**. If there are multiple applicants, select **“Save and New”**.

Figure 32: Care Partner Information (Question 1 Pop-up)

Care Partner Details

Please provide below the applicable Medicare-enrolled identifier (CCN, or TIN and/or NPI) for each individual and entity you propose will serve as a Care Partner.

NPI

CCN

TIN

* Name of Individual or Entity

* Nature or Category of proposed Care Partner (e.g., NPP, Hospital, Post-acute care entity)

6.3.5. Incorporation and Licensure

Please attach a copy of a certificate of incorporation or other documentation demonstrating that the PGP applicant is recognized as a legal entity by the state in which it is located or under federal or tribal law.

Respond to all required questions. Use the **“Upload Files”** option to add documentation. Select **“Continue”** to proceed.

Figure 33: Incorporation and Licensure (Questions 1 through 2)

The screenshot displays a web application interface with a navigation bar at the top containing the following tabs: PGP Profile Information, PGP Information, Pooling with EOM Participants, Care Partner Information, Incorporation and Licensure (active), Disclosure, and Narratives. A blue 'Continue' button is located in the top right corner of the main content area.

Question 1: Please attach a copy of a certificate of incorporation or other documentation demonstrating that the PGP applicant is recognized as a legal entity by the state in which it is located or under federal or tribal law.

Below the question text, there is a file upload area with a dashed border containing two buttons: 'Upload Files' (with a cloud icon) and 'Or drop files'. To the right of this area is a search box labeled 'Search' with the placeholder text 'Enter Search Text...'. Below the search box is a table with two columns: 'Action' and 'File Name'. The table is currently empty, displaying the message 'No data available in table'. At the bottom left of the table area, it says 'Showing 0 to 0 of 0 entries'. At the bottom right, there are 'Previous' and 'Next' navigation links.

Question 2: Please attach documentation demonstrating that the PGP applicant has been licensed as a risk-bearing entity under applicable state, federal, or tribal law, or that it is exempt from such licensure and/or other such requirements, as follows:

- If the PGP applicant has been licensed as a risk-bearing entity, upload a copy of the appropriate certification or documentation.
- If the PGP applicant is required to obtain licensure as a risk-bearing entity under applicable state, federal, or tribal law, but the PGP is not yet currently licensed as a risk-bearing entity under one or more such laws, please describe the progress the PGP applicant has made toward obtaining such licensure.
- If the applicable state, federal, or tribal laws do not have a licensure requirement for risk-bearing entities, or if the PGP applicant does not meet the applicable definitions established by such laws, please upload an attestation made by an individual authorized to act on behalf of the PGP applicant indicating that this is so.

Similar to Question 1, Question 2 has a file upload area with 'Upload Files' and 'Or drop files' buttons, a search box with 'Enter Search Text...' placeholder, an empty table with 'Action' and 'File Name' columns, and the message 'No data available in table'. It also includes 'Showing 0 to 0 of 0 entries' and 'Previous/Next' navigation links.

6.3.6. Disclosure

Please disclose the following with respect to the PGP applicant, and with respect to each individual and entity the PGP applicant proposes will be EOM practitioners or Care Partners: (i) any sanctions or corrective action imposed under Medicare, Medicaid, or licensure authorities within the last five years (including corporate integrity agreements); (ii) any fraud investigations or enforcement actions initiated, conducted, or resolved within the last five years; (iii) any outstanding debts owed to a Federal health care program, including any debts owed under an Innovation Center model, or to any agency of the federal government; (iv) whether any individuals employed by, or entities engaged by, the PGP are on a government suspension, debarment, or exclusion list relating to procurements or non-procurements; (v) any instances of criminal conduct; and (vi) any instances of bankruptcy.

Please respond to all required questions.

Use the “New Disclosure” button to enter an item. If this is not applicable to your organization, please click on the “N/A” checkbox (see Figure 36).

Figure 34: Disclosure (Question 1)

PGP Profile Information PGP Information Pooling with EOM Participants Care Partner Information Incorporation and Licensure Disclosure Narratives

Save Save And Continue Cancel

1. Please disclose the following with respect to the PGP applicant, and with respect to each individual and entity the PGP applicant proposes will be EOM practitioners or Care Partners: (i) any sanctions or corrective action imposed under Medicare, Medicaid, or licensure authorities within the last five years (including corporate integrity agreements); (ii) any fraud investigations or enforcement actions initiated, conducted, or resolved within the last five years; (iii) any outstanding debts owed to a Federal health care program, including any debts owed under an Innovation Center model, or to any agency of the federal government; (iv) whether any individuals employed by, or entities engaged by, the PGP are on a government suspension, debarment or exclusion list relating to procurements or non-procurements; (v) any instances of criminal conduct; and (vi) any instances of bankruptcy.

N/A

New Disclosure

Disclosures Search

Enter Search Text...

Action	Individual or entity	Federal, State, Tribal Agency, or Licensing Body	Resolution Status	Resolution Date
No data available in table				

Showing 0 to 0 of 0 entries Previous Next

For reference, enforcement actions include, criminal, civil or administrative legal actions relating to fraud and other alleged violations of law, initiated or investigated by the Health and Human Services Office of Inspector General and its law enforcement partners.

Failure to disclose any of the information described above could be grounds for application denial or, if selected for participation in EOM, immediate termination from the model.

Enter the required fields and select “Save”. If there are multiple applicants, select “Save and New”.

Figure 35: Disclosure (Question 1 Pop-up)

The screenshot shows a 'Disclosure Details' pop-up window. It contains four main sections, each with a text input field: '* Individual or Entity', '* Federal, State, or Tribal Agency or Licensing Body', '* Description of Infraction (including date)', and '* Resolution Status'. The 'Resolution Status' field is a dropdown menu currently showing '--Please Select One--'. A character count '10000 characters remaining' is visible next to the description field. At the bottom, there are three buttons: 'Save', 'Save and New', and 'Close'.

Click on the “N/A” checkbox if this item is not applicable to your organization.

Figure 36: Disclosure (Question 1 Opt-Out)

The screenshot shows the 'Disclosure' section of a web application. At the top, there are navigation tabs: 'PGP Profile Information', 'PGP Information', 'Pooling with EOM Participants', 'Care Partner Information', 'Incorporation and Licensure', 'Disclosure', and 'Narratives'. Below the tabs are buttons for 'Save', 'Save And Continue', and 'Cancel'. The main content area contains a numbered instruction: '1. Please disclose the following with respect to the PGP applicant, and with respect to each individual and entity the PGP applicant proposes will be EOM practitioners or Care Partners: (i) any sanctions or corrective action imposed under Medicare, Medicaid, or licensure authorities within the last five years (including corporate integrity agreements); (ii) any fraud investigations or enforcement actions initiated, conducted, or resolved within the last five years; (iii) any outstanding debts owed to a Federal health care program, including any debts owed under an Innovation Center model, or to any agency of the federal government; (iv) whether any individuals employed by, or entities engaged by, the PGP are on a government suspension, debarment or exclusion list relating to procurements or non-procurements; (v) any instances of criminal conduct; and (vi) any instances of bankruptcy.' Below this text is a checkbox labeled 'N/A' which is checked. There is a 'New Disclosure' button and a 'Disclosures Search' field with the placeholder 'Enter Search Text...'. A table with columns 'Action', 'Individual or entity', 'Federal, State, Tribal Agency, or Licensing Body', 'Resolution Status', and 'Resolution Date' is shown, with the message 'No data available in table' below it. At the bottom, there is a note: 'For reference, enforcement actions include, criminal, civil or administrative legal actions relating to fraud and other alleged violations of law, initiated or investigated by the Health and Human Services Office of Inspector General and its law enforcement partners. Failure to disclose any of the information described above could be grounds for application denial or, if selected for participation in EOM, immediate termination from the model.'

After completing the Disclosure section, select “Save And Continue”.

6.3.7. Narratives

The Implementation Plan should describe your PGP’s plans to implement EOM participation requirements and achieve EOM objectives, based on current practice capabilities and any changes that might be necessary

The Financial Plan should demonstrate your PGP’s financial stability and soundness, as well as present a realistic, sound financial plan for EOM based on expected financial resources to support the implementation plan.

Respond to all required questions. After completing the Narratives section, select “**Save And Continue**”.

Figure 37: Narratives (Questions 1 through 2)

The screenshot displays a web application interface for entering narratives. At the top, there are navigation tabs: PGP Profile Information, PGP Information, Pooling with EOM Participants, Care Partner Information, Incorporation and Licensure, Disclosure, and Narratives. Below the tabs are three buttons: Save, Save And Continue, and Cancel. The main content area is divided into two sections:

1. Implementation Plan (limit 2500 words): The Implementation Plan should describe your PGP’s plans to implement EOM participation requirements and achieve EOM objectives, based on current practice capabilities and any changes that might be necessary.

Include in the implementation plan:

- A clear, realistic plan to implement the EOM participant redesign activities within the required timelines, as specified in the Care Transformation sub-section of the Model Design Elements section of the RFA. Include any necessary changes in workflow, creation of new collaborations with other entities (e.g., primary care practices, other specialty physician practices, community-based organizations, etc.), hiring and training of appropriate personnel, extending hours of access to care, etc.
- Description of plans to provide person-centered, equitable care (e.g., ensuring patient/caregiver engagement and shared decision-making, developing community partnerships, screening for health-related social needs).
- Description of your PGP’s planned approach to quality improvement and plan to achieve the highest possible Aggregate Quality Score (AQS), as described in the Quality Strategy sub-section of the Model Design Elements section of the RFA.
- Description of how the proposed implementation plan may promote cost savings (please describe how savings generated at your PGP could promote savings to Medicare and for beneficiaries).
- If your PGP plans to utilize one or more Benefit Enhancements described in the Benefits Enhancements sub-section of the Benefit Enhancements, Financial Arrangements, and Patient Incentives section of the RFA, include descriptions of your PGP’s planned strategic use of each such Benefit Enhancement and self-monitoring plans reflecting meaningful safeguards to prevent unintended consequences.

15000 characters remaining

2. Financial Plan (limit 2500 words): The Financial Plan should demonstrate your PGP’s financial stability and soundness, as well as present a realistic, sound financial plan for EOM based on expected financial resources to support the implementation plan.

Include in the financial plan:

- Description of any known or expected changes to your PGP’s revenue or revenue model during the performance period of EOM (e.g., revenue increases or decreases due to changes in patient population, practice patterns, mergers or acquisitions, use of different chemotherapy drugs, etc.). If no changes are expected, please indicate why in your demonstration of your PGP’s financial stability and soundness.
- Full description of your PGP’s financial plan to support the implementation plan for EOM, including but not limited to:
 - **EOM Monthly Enhanced Oncology Services (MEOS) payments:** If the PGP intends to bill CMS for MEOS payments, include a description of how these payments will be used to support the implementation plan, including practice transformation and meeting the EOM requirements.
 - **Expected EOM Performance-Based Payment (PBP):** Realistic assessment of expected PBP based on current practice capabilities and expected changes in order to achieve the EOM objectives. (If you intend to enter into a pooling arrangement under EOM, provide this assessment for both your PGP and for each PGP in your intended pool.)
 - **Preparedness for an EOM Performance-Based Recoupment (PBR):** Description of your PGP’s financial readiness in the event that your PGP owes CMS a PBR. (If you intend to enter into a pooling arrangement under EOM, provide this assessment for both your PGP and each PGP in your intended pool.)
 - **Other sources of revenue:** Description of how other sources of revenue (i.e., payment from other programs or sources) will be used to support your PGP’s implementation plan, if applicable.

15000 characters remaining

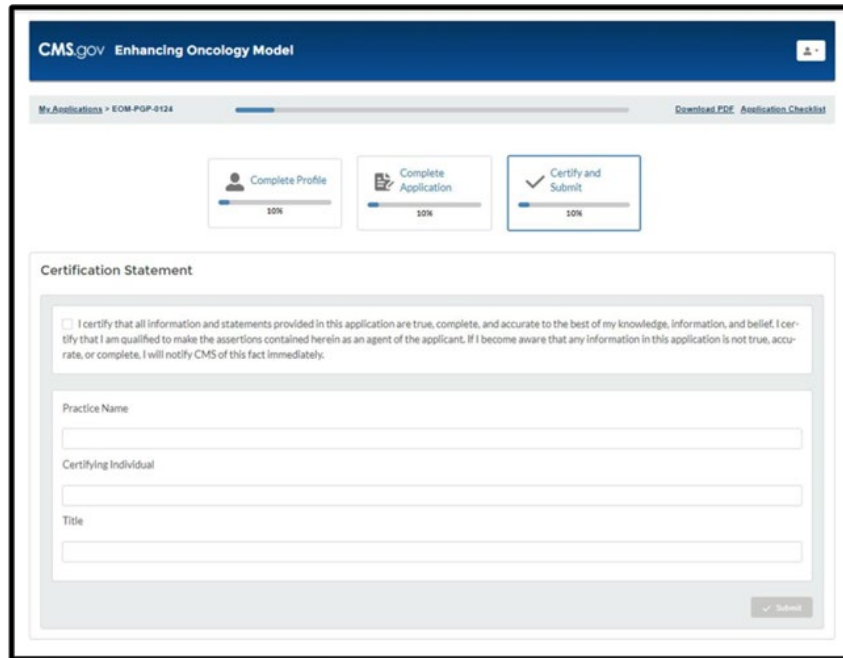
6.4. Certify & Submit Page

You must complete this page to submit your application. Once submitted, your application is locked, and you will not be able to make any changes. The Model Team may contact you,



reopen your application, and request edits. For questions regarding the EOM or the EOM application process, email EOM@cms.hhs.gov.

Figure 38: Certify & Submit



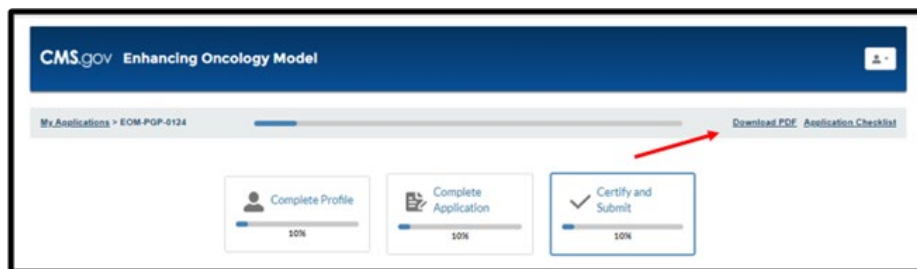
The screenshot shows the CMS.gov Enhancing Oncology Model application interface. At the top, there is a blue header with the CMS.gov logo and the text 'Enhancing Oncology Model'. Below the header, there is a navigation bar with 'My Applications > EOM-POP-0124' on the left and 'Download PDF Application Checklist' on the right. The main content area features three progress indicators: 'Complete Profile' (10%), 'Complete Application' (10%), and 'Certify and Submit' (10%). The 'Certify and Submit' indicator is highlighted with a blue border. Below these indicators is a 'Certification Statement' section with a checkbox and a text area for the statement. Underneath, there are three input fields labeled 'Practice Name', 'Certifying Individual', and 'Title'. A 'Submit' button is located at the bottom right of the form.

Once you complete the Certification Statement, select “Submit”.

6.4.1. Download PDF on Application Detail Page

Your application is available for download on the Application Detail page. Select “Download PDF”.

Figure 39: Download Application PDF



This screenshot is similar to Figure 38, showing the same application interface. A red arrow points to the 'Download PDF' link in the top right corner of the navigation bar, which is positioned between 'My Applications > EOM-POP-0124' and 'Application Checklist'.



Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
DBA	Doing Business As
EOM	Enhancing Oncology Model
E&M	Evaluation & Management
IDM	Identity Management
IE	Internet Explorer
MFA	Multi-Factor Authentication
NPI	National Provider Identifier
PBP	Performance-based payment
PBR	Performance-based recoupment
PGP	Physician Group Practice
RFA	Request for Application
RIDP	Remote Identity Proofing
TIN	Taxpayer Identification Number