ENHANCING ONCOLOGY MODEL (EOM) APPLICATION PORTAL

Physician Group Practice (PGP) User Guide

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ENHANCING ONCOLOGY MODEL

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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

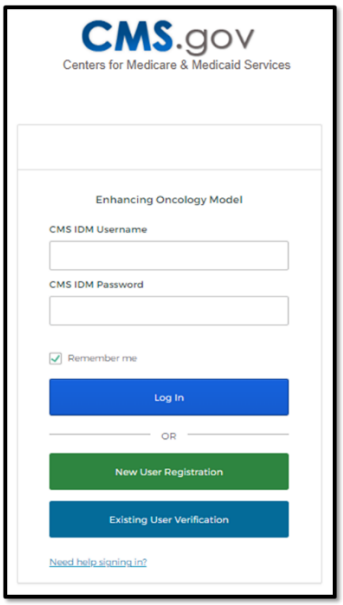
Note: The Submit function is not available until the information entry on the page is complete. If any required information is missing from the application, the submission will not be completed, and a list of missing information will display under "Application Checklist" along with a bar that indicates 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

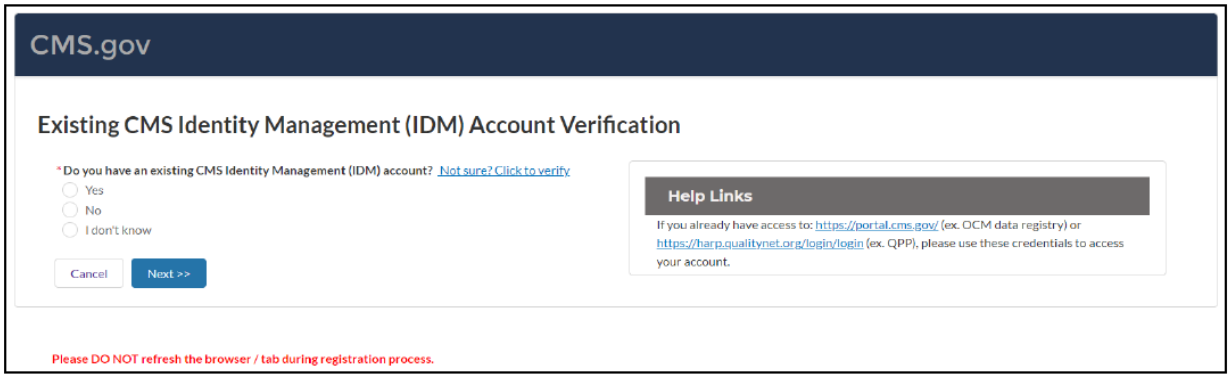


3.1. New User Registration

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.

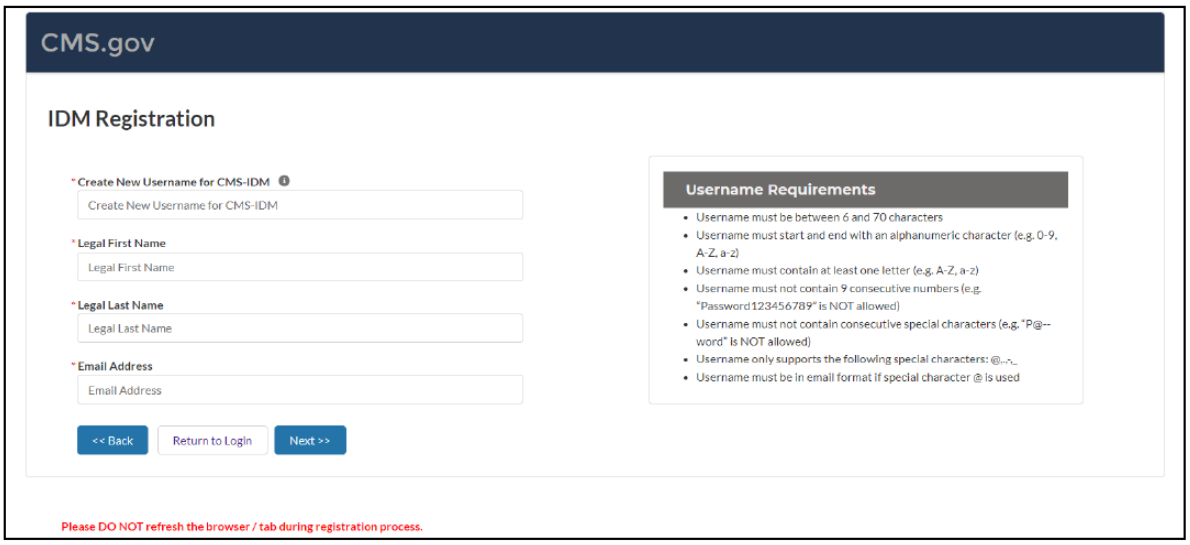
3.1.1. New User Registration (No CMS IDM Account)

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



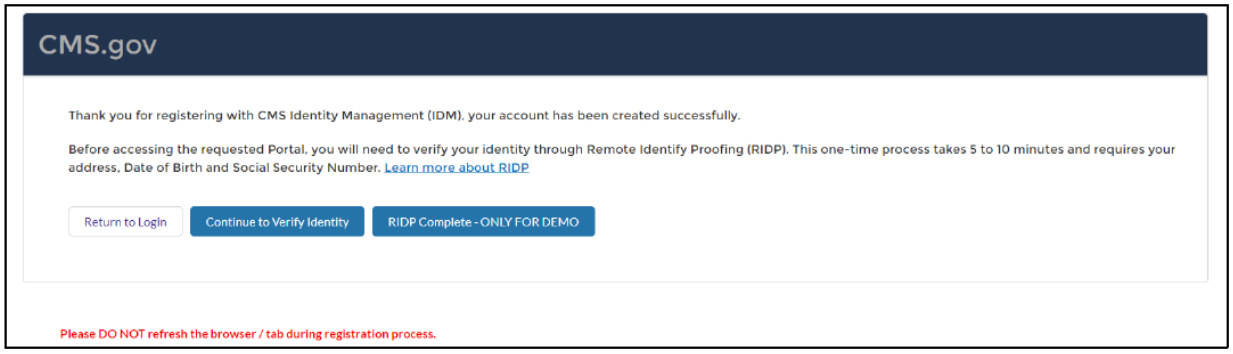
As a new user attempting to access the Salesforce Application Portal, select **"No"** and then select the **"Next"** button to continue. If you are a new user to the Application Portal, but already have a CMS IDM account, refer to section 3.1.2.

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



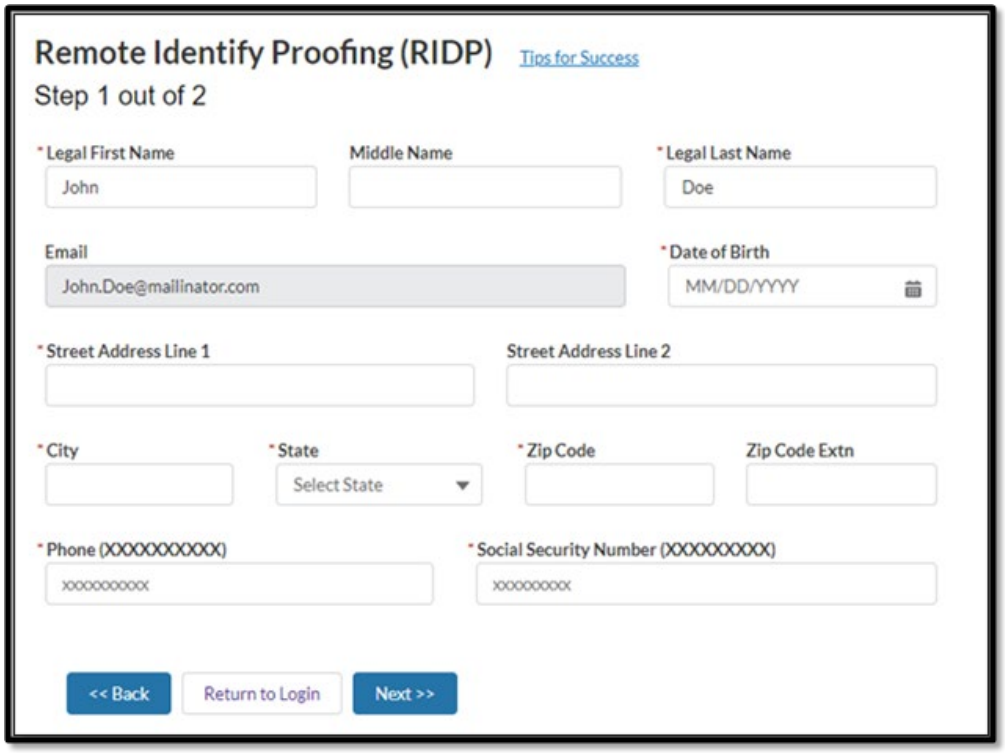
Enter all required field(s) and select **"Next"**.

Figure 4: Successful Registration Page



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



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).

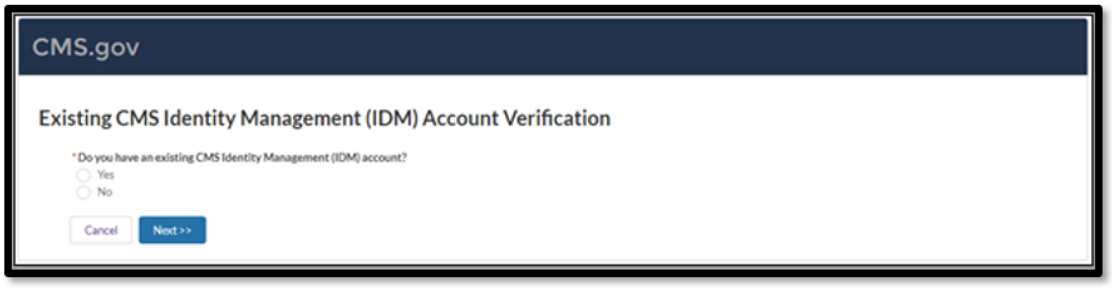
After successful authentication of RIDP, users will receive two emails.

- 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.

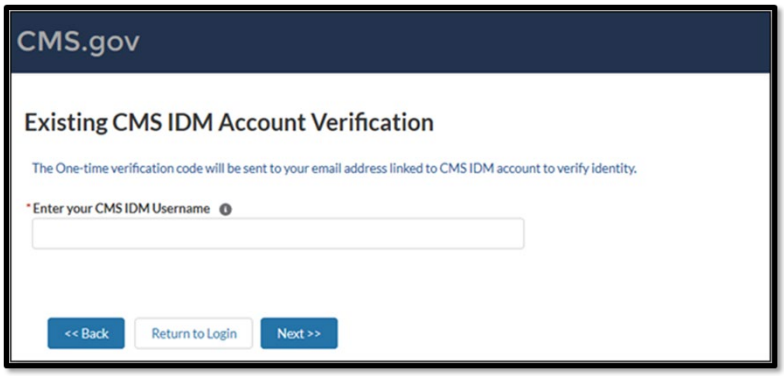
3.1.2. New User Registration (With CMS IDM Account)

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



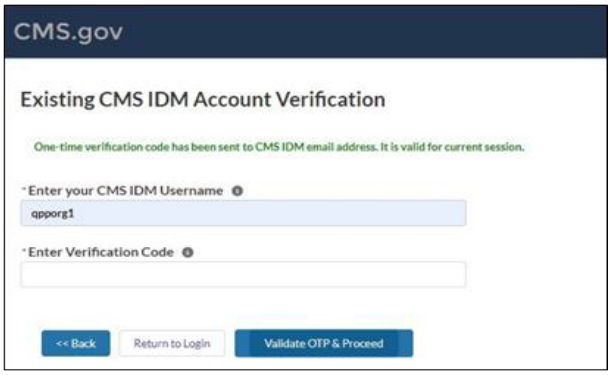
If you already have a CMS IDM account, but do not have access to the Application Portal or did not previously apply for EOM, select **"Yes"**. Then click the **"Next"** button to proceed.

Figure 7: Existing CMS IDM Account Verification Page



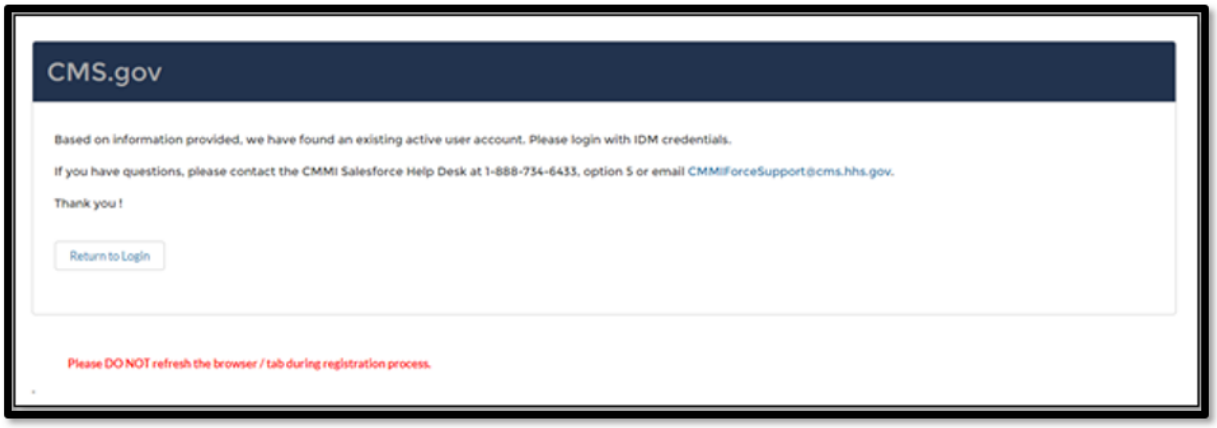
Enter your CMS IDM username and select **"Next"**. A verification code will be sent to the email linked to your CMS IDM account.

Figure 8: Verification Code



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

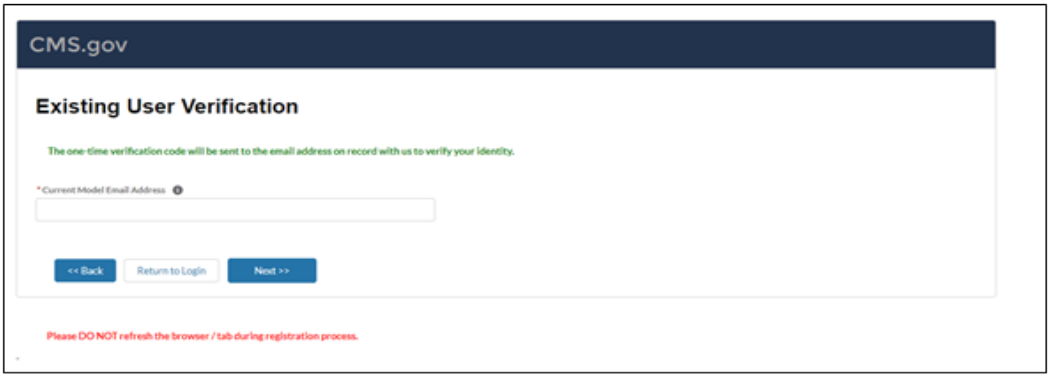
If you are an existing Application Portal user, and previously applied to EOM, select **"Existing User Verification"** from the Application Login page (see Figure 1).

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).

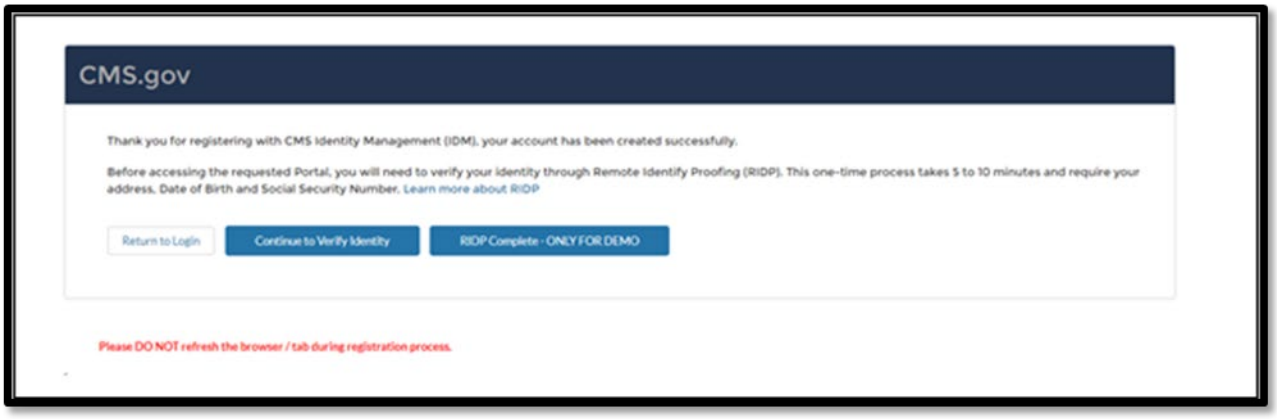
Figure 10: Existing CMS IDM Account Verification



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

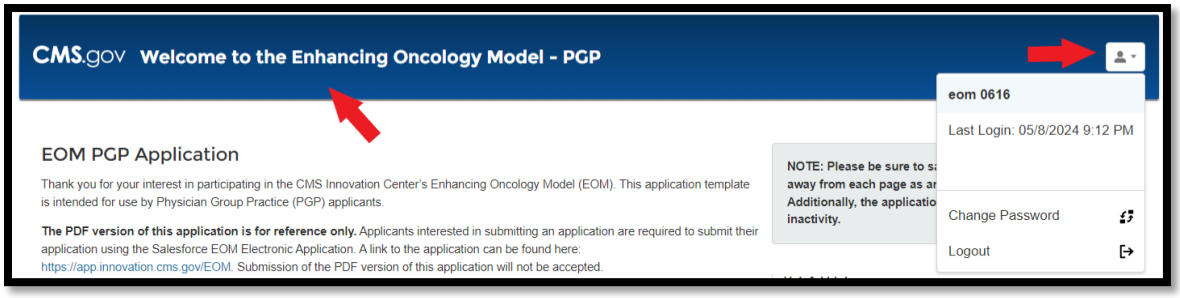
If you forget your password, navigate to the Login page (see Figure 1) and click on the **"Need help signing in?"** link.

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

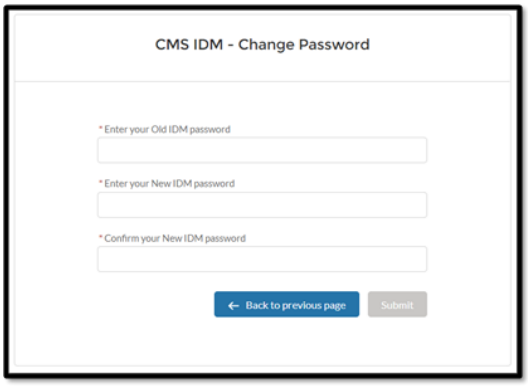
To change your password, select the "**Change Password"** link provided on the Application Portal pages.

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).

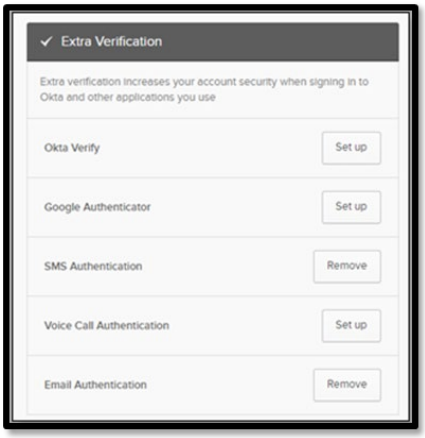
Then select the **"Unlock account?"** link.

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"**.

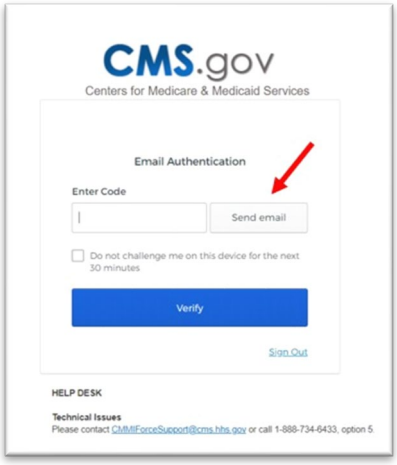
5. Login to the Application Portal

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

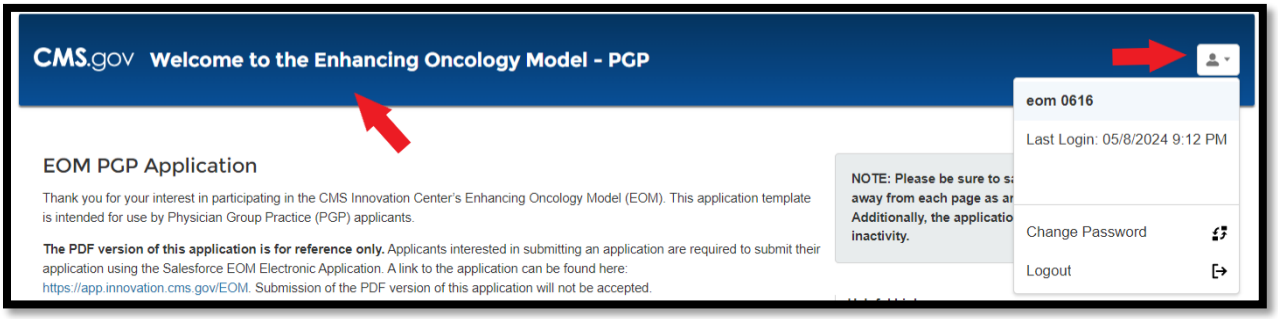


Once received, enter the verification code, and select **"Verify"**. You will then be logged into the Application Portal.

5.1. System Organization and Navigation

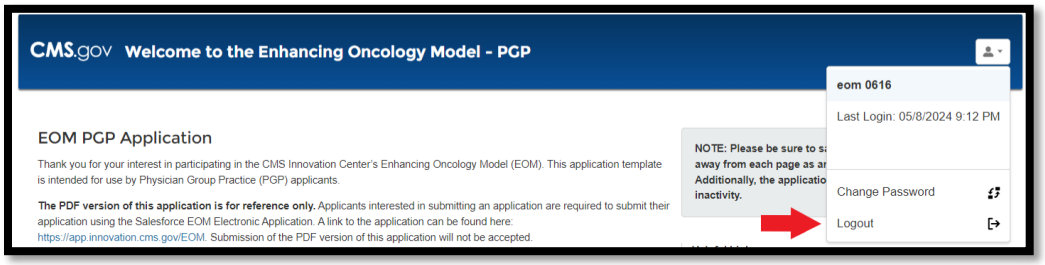
After logging into the Application Portal, you will see the following landing page. The dropdown menu on the right will show your Last Login, a Change Password option, and a Logout option.

Figure 16: System Organization & Navigation



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

Figure 17: Logout Menu



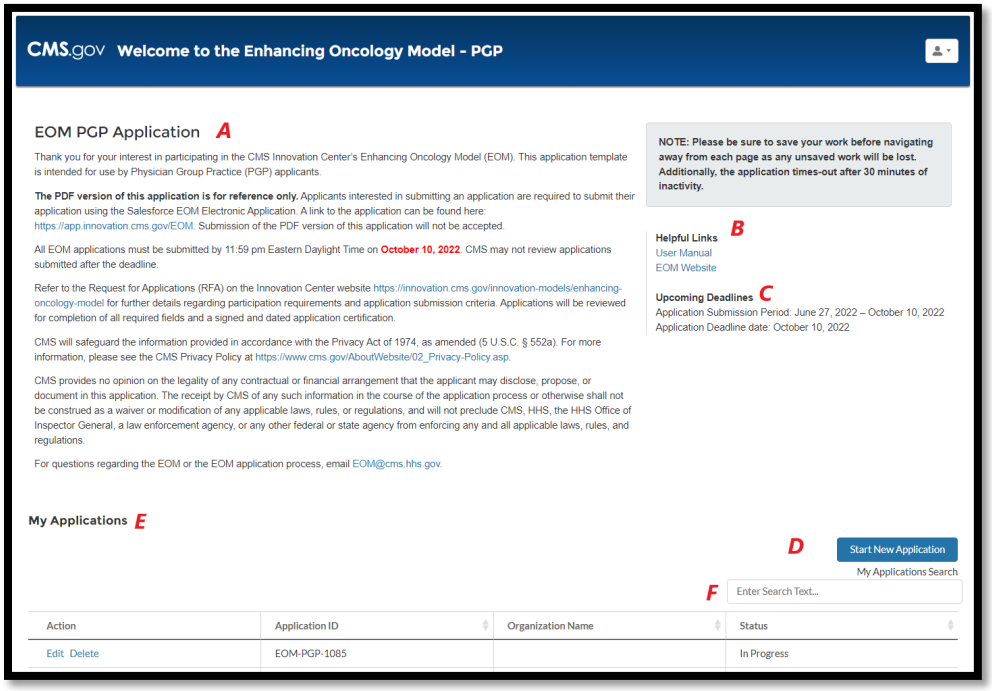
6. Using the System

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

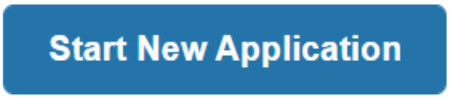
Figure 18: Home Page



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.

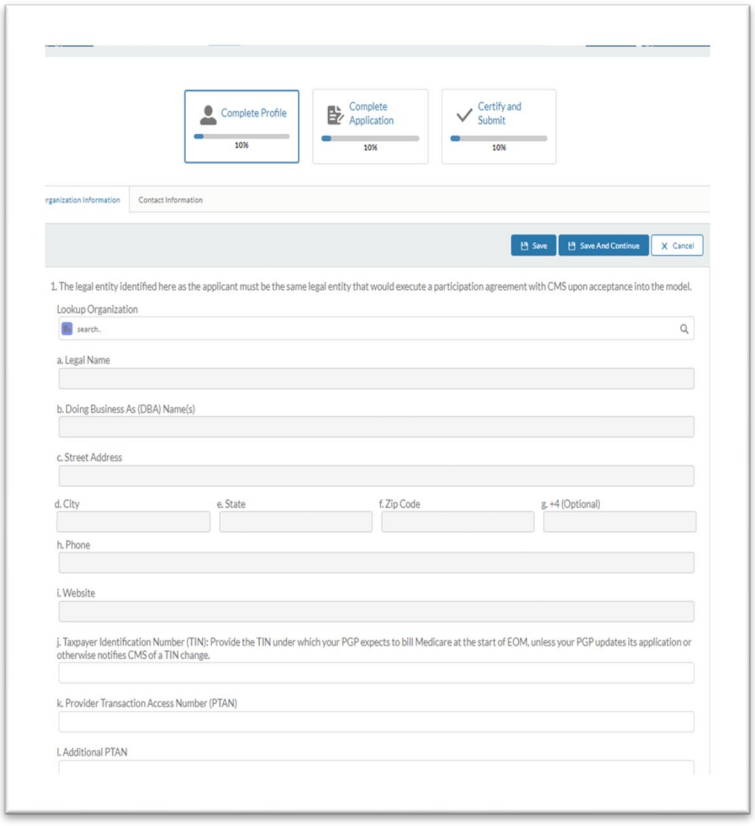
Doing Business As (DBA) Name(s): (if different from PGP Legal Name):

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.

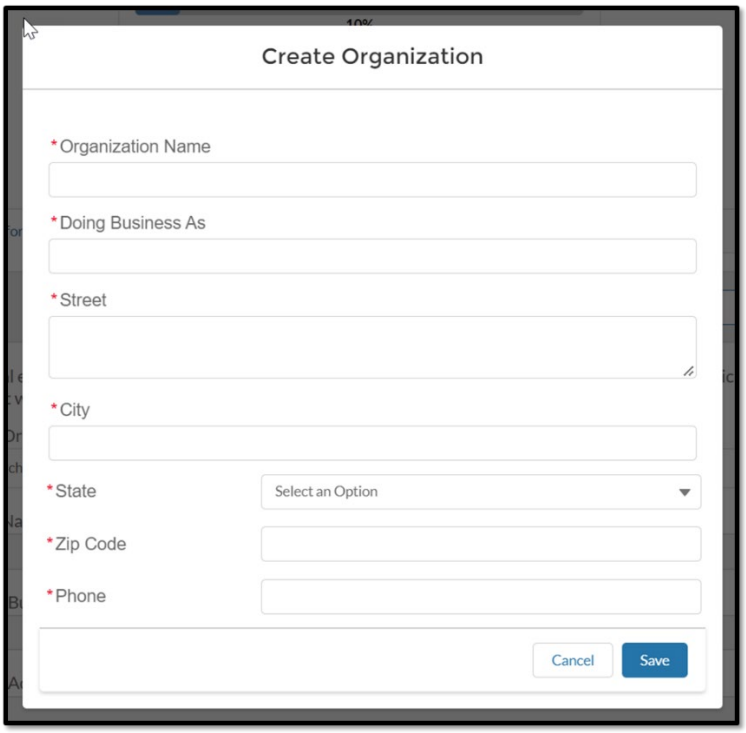
Figure 20: Organizational Information (Question 1, A through L)



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

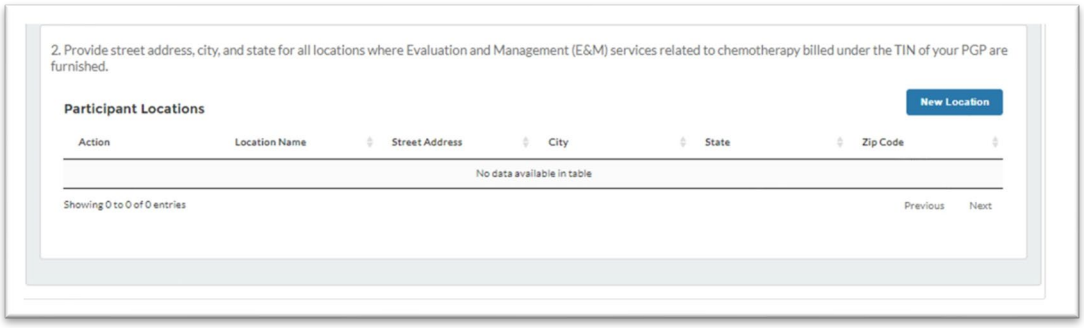
Select **"Save"** when complete.

Figure 21: New Organization



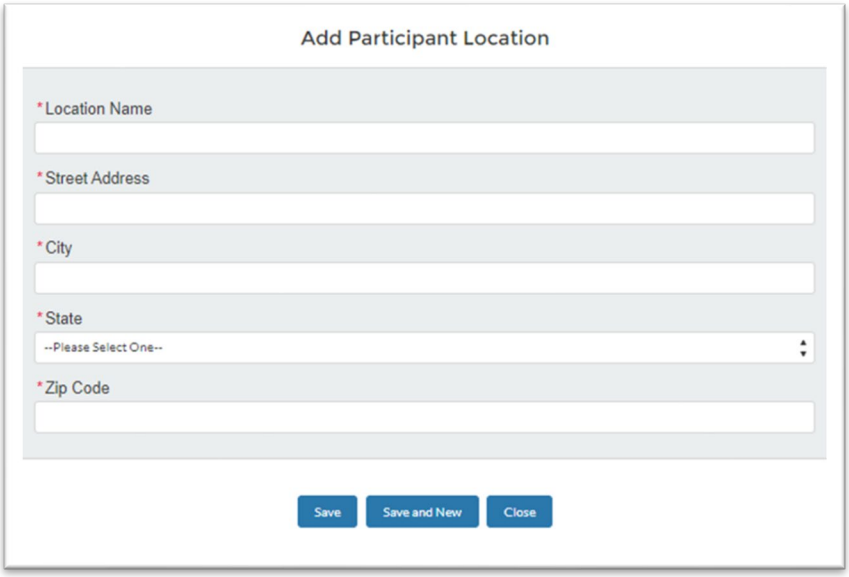
Next, complete the second question by selecting **"New Location"**. Fill in the required fields.

Figure 22: Organization Information (Question 2)



When **"New Location"** is selected, the below pop-up box will appear.

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



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

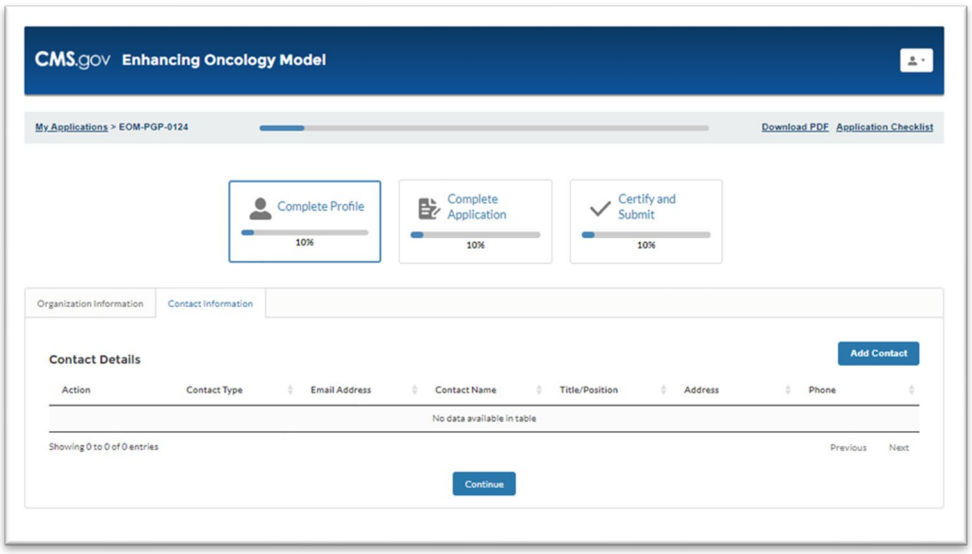
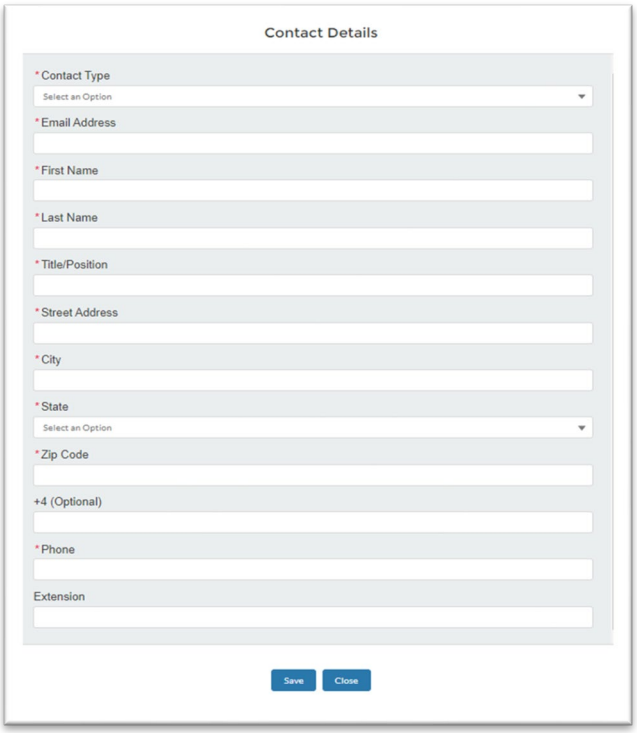


Figure 25: Add Contact



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

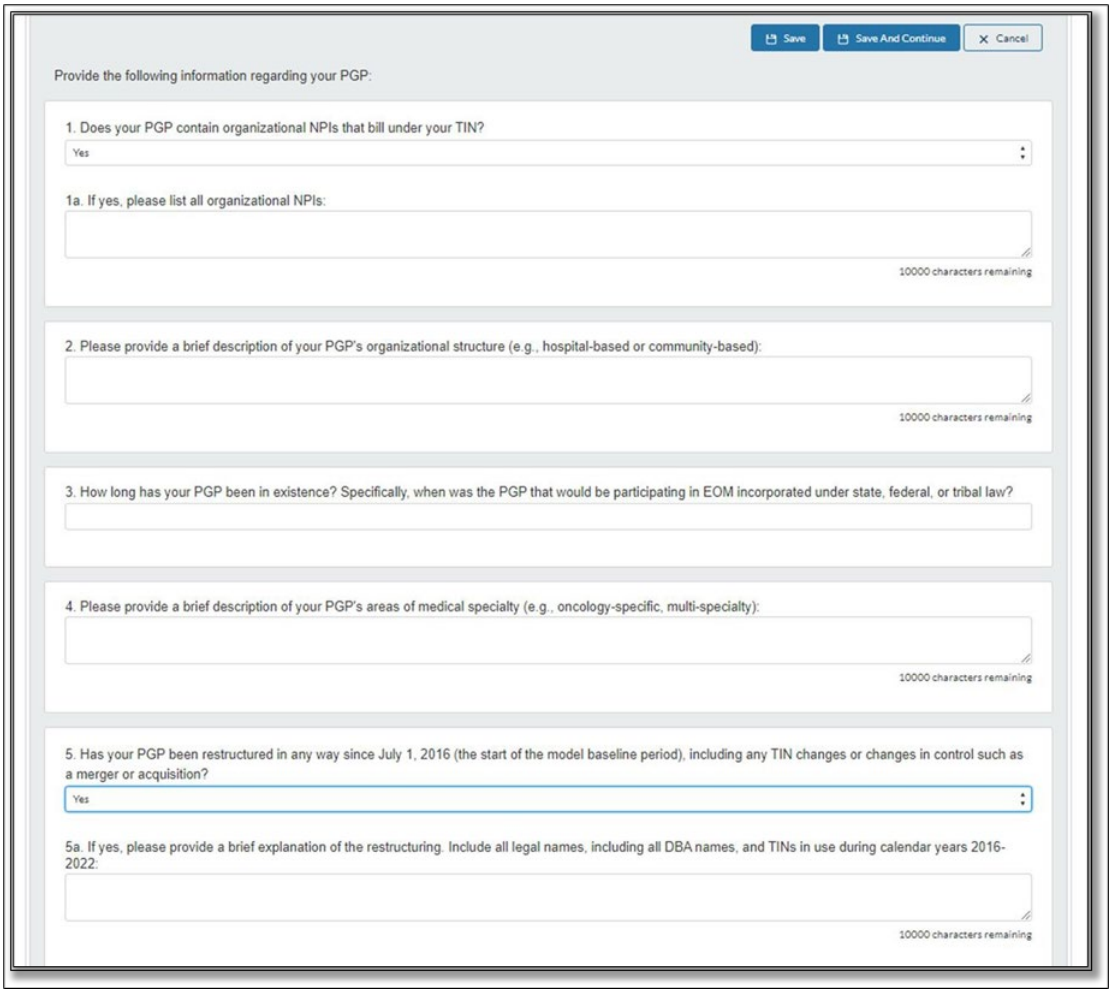
6.3.1. PGP Profile Information

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)



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).

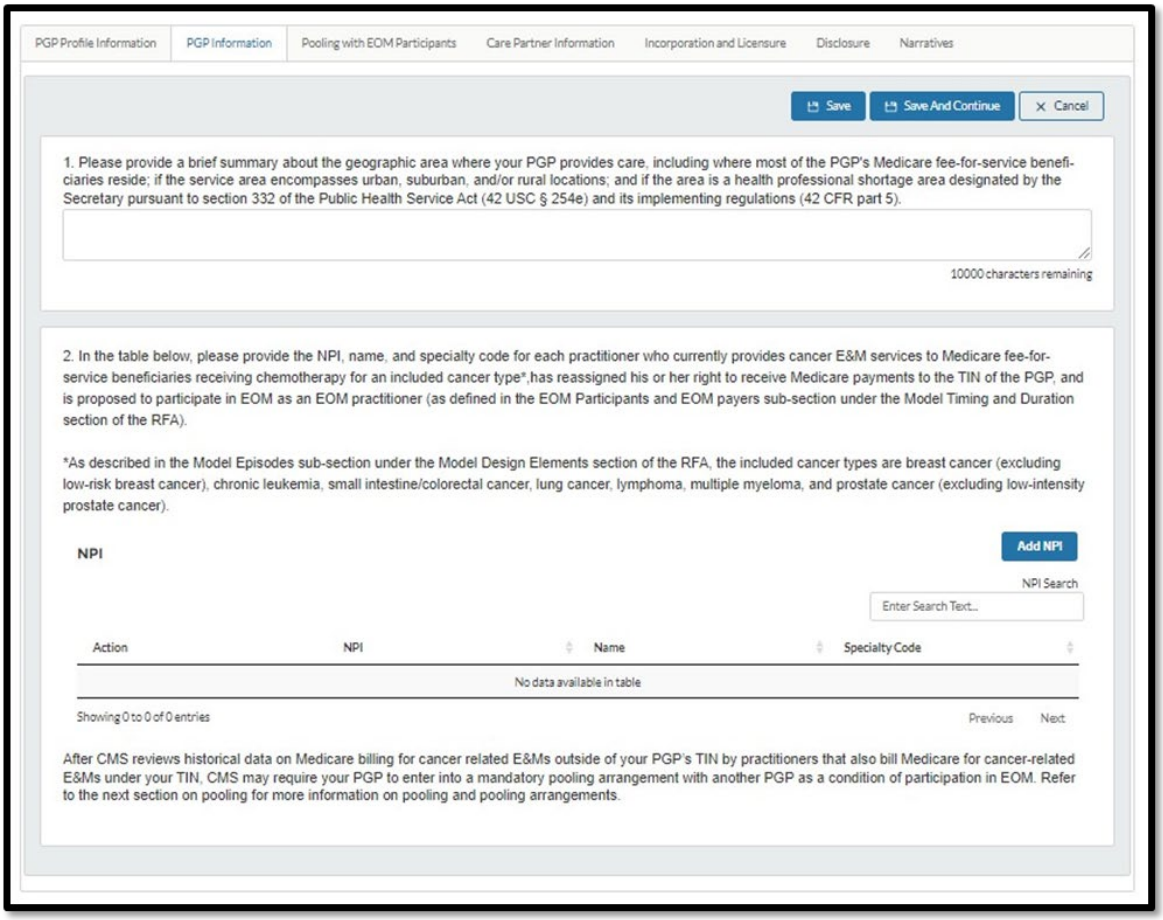
Please provide the NPI, name, and specialty code for each practitioner who currently provides cancer E&M services to Medicare fee-for-service beneficiaries receiving cancer treatment for an included cancer type*, has reassigned his or her right to receive Medicare payments to the TIN of the PGP, and 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)

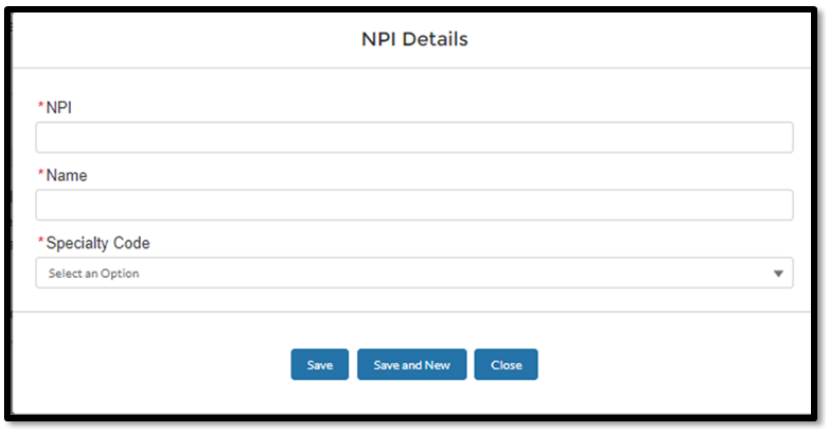


For question two, select **"Add NPI"** and fill out the required information.

The Specialty Code picklist will show two choices:

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

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



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)

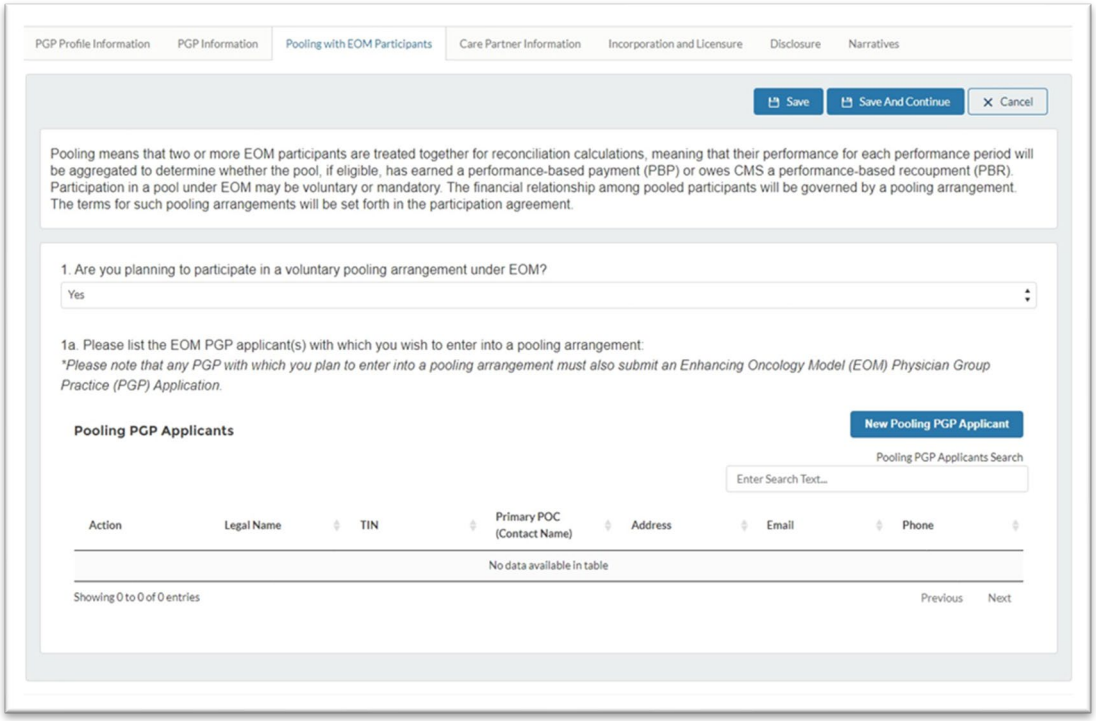
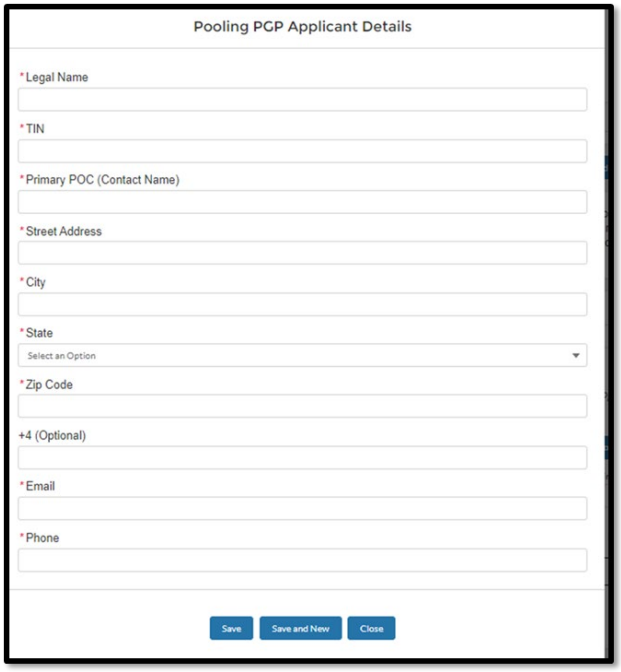


Figure 30: Pooling with EOM Participants (Question 1 Pop-up)



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

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

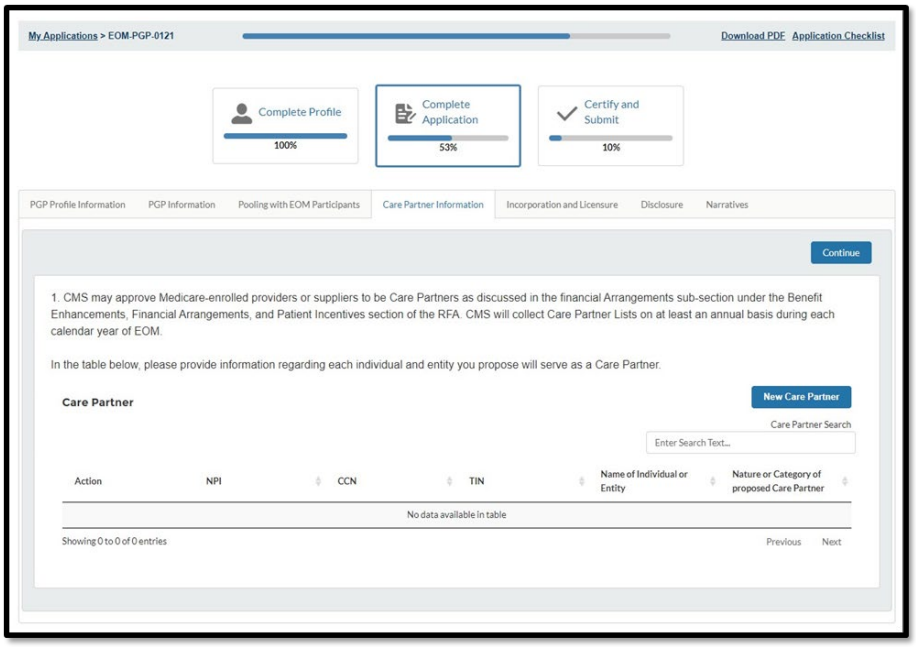
6.3.4. Care Partner Information

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.

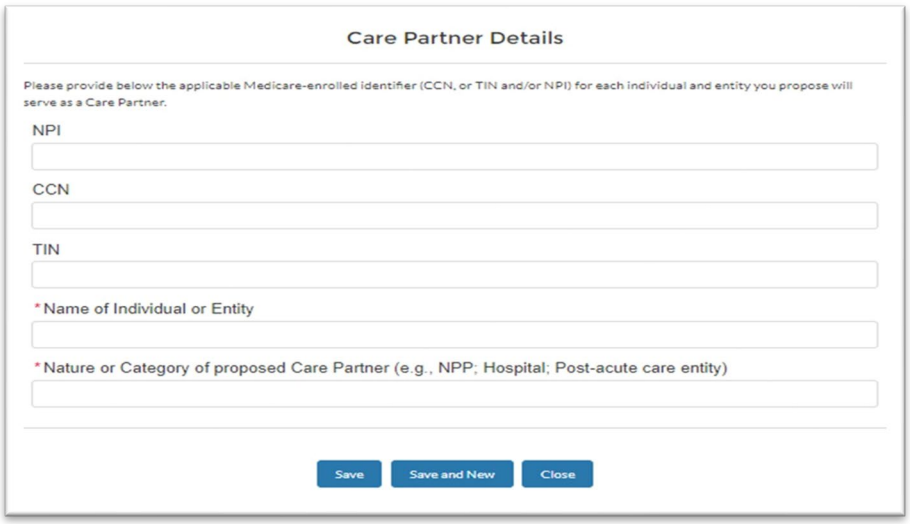
Select **"New Care Partner"**.

Figure 31: Care Partner Information (Question 1)



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)

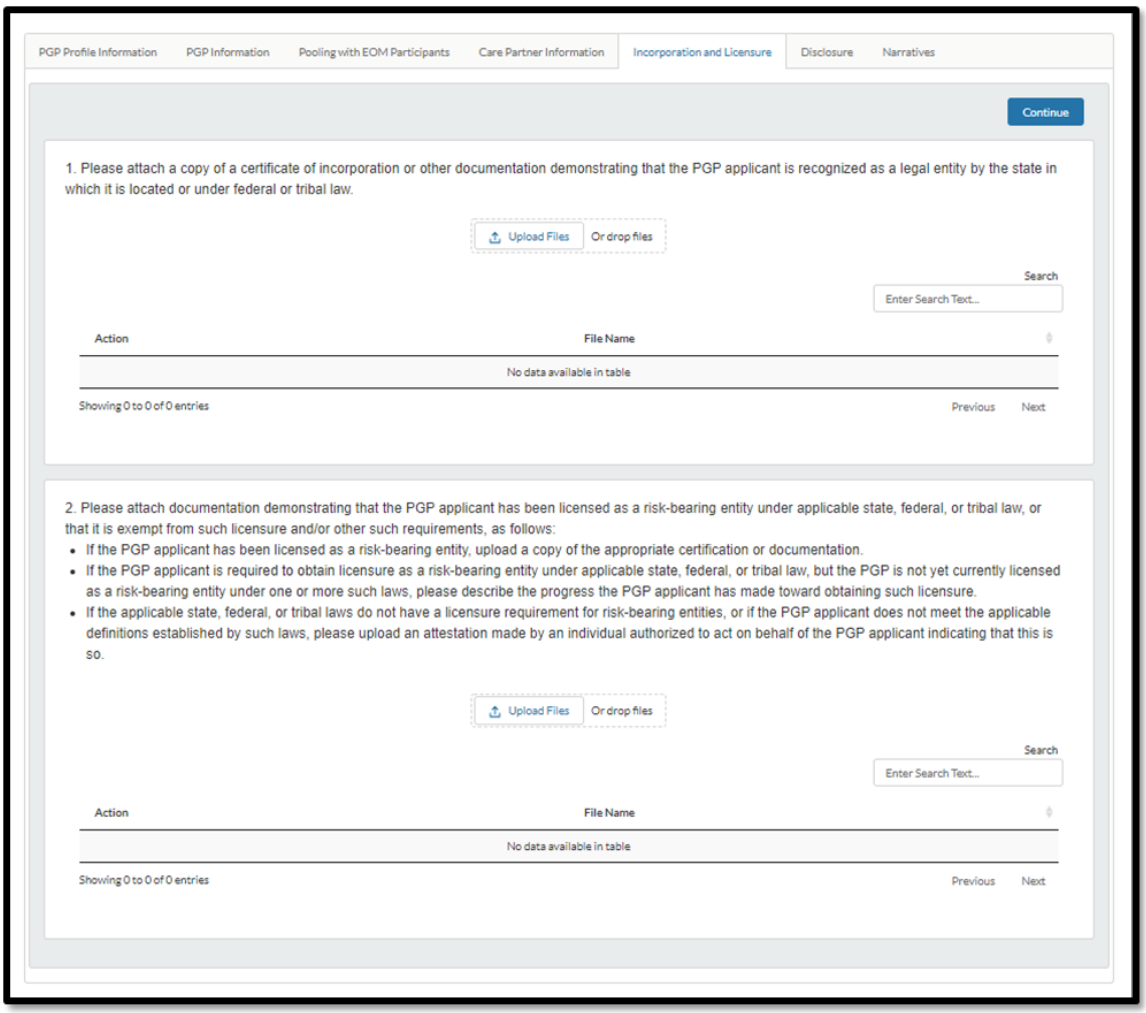


6.3.5. Incorporation and Licensure

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)



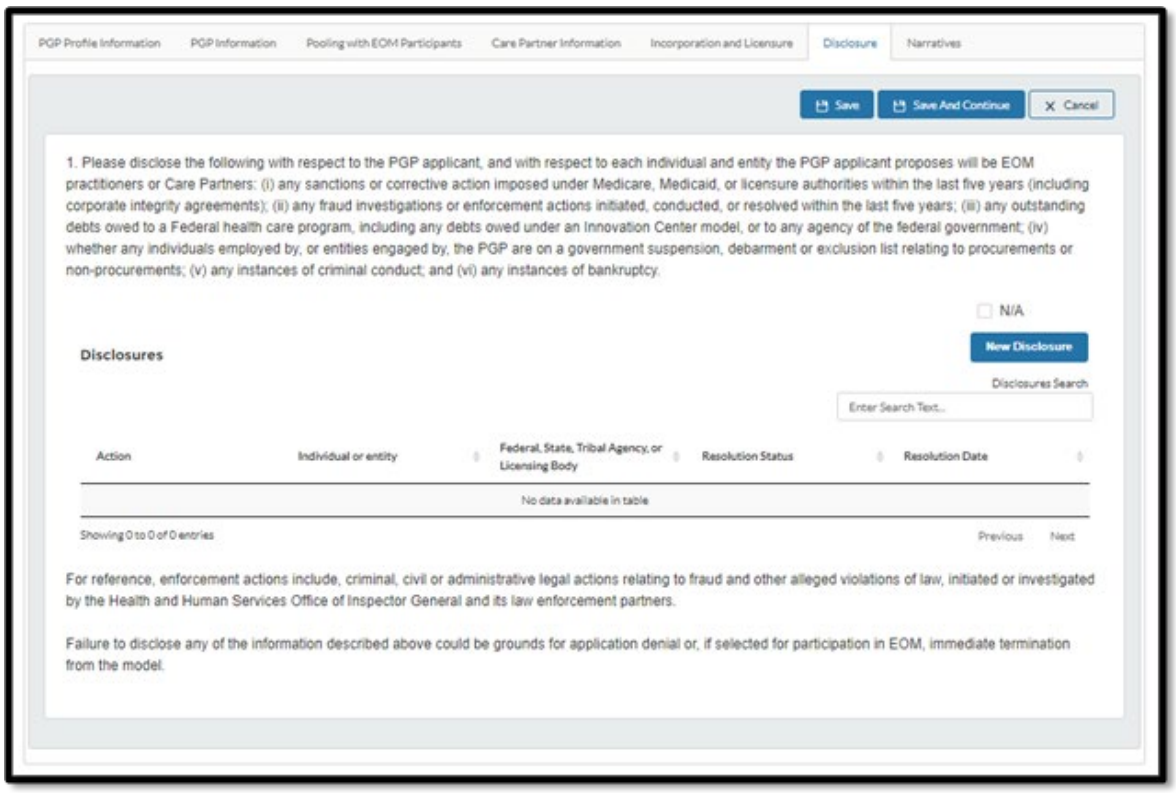
6.3.6. Disclosure

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.

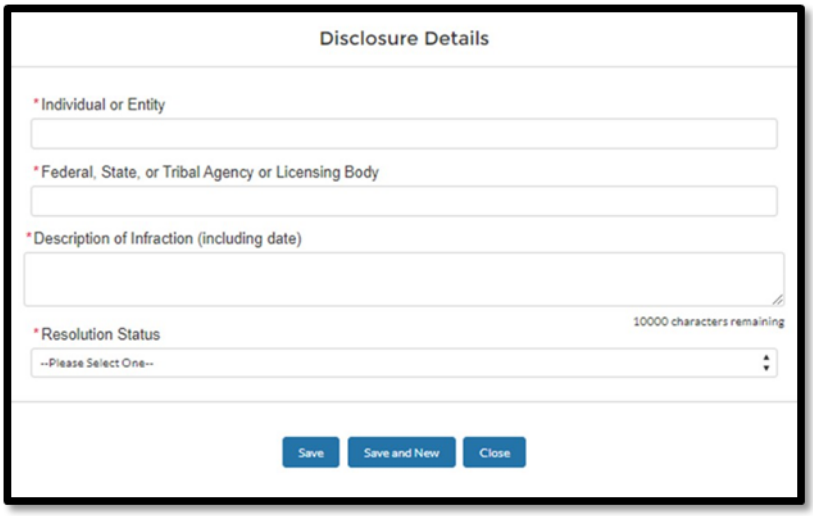
Use the **"New Disclosure"** button to enter an item. If this is not applicable to your organization, please click on the **"N/A"** checkbox (see Figure 36).

Figure 34: Disclosure (Question 1)



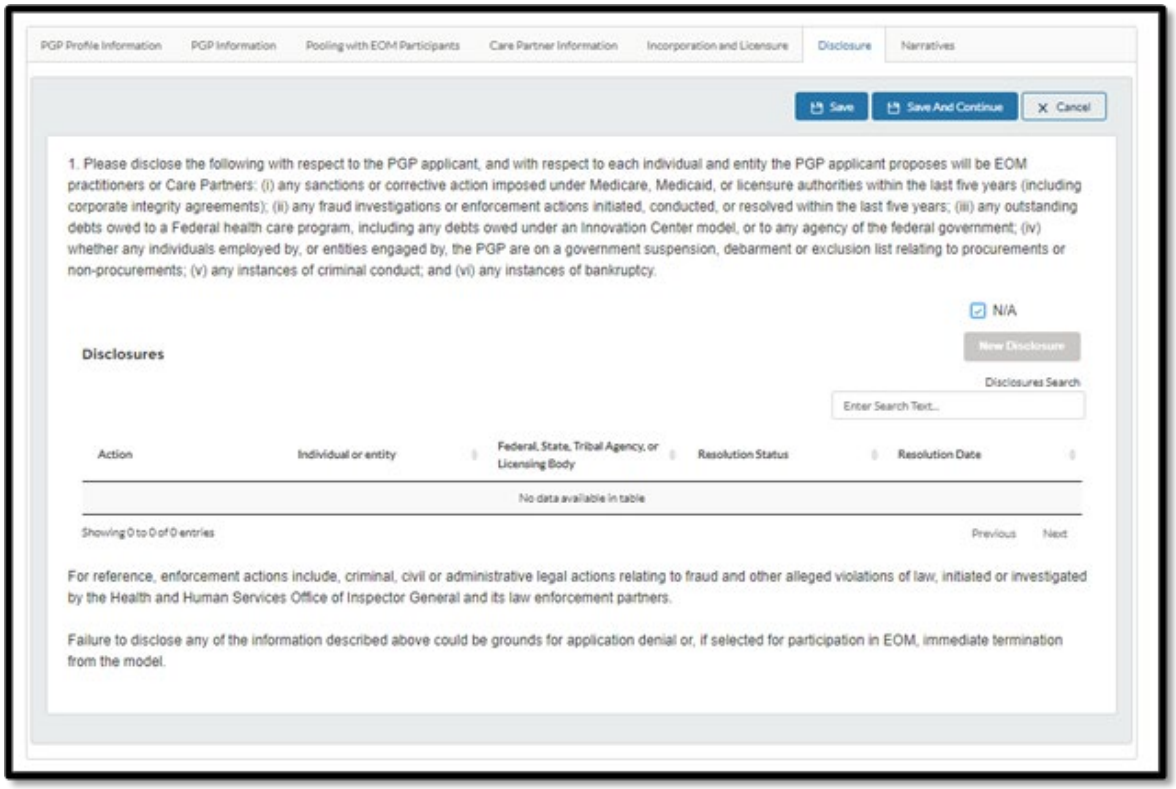
Enter the required fields and select **"Save"**. If there are multiple applicants, select **"Save and New"**.

Figure 35: Disclosure (Question 1 Pop-up)



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

Figure 36: Disclosure (Question 1 Opt-Out)



After completing the Disclosure section, select **"Save And Continue"**.

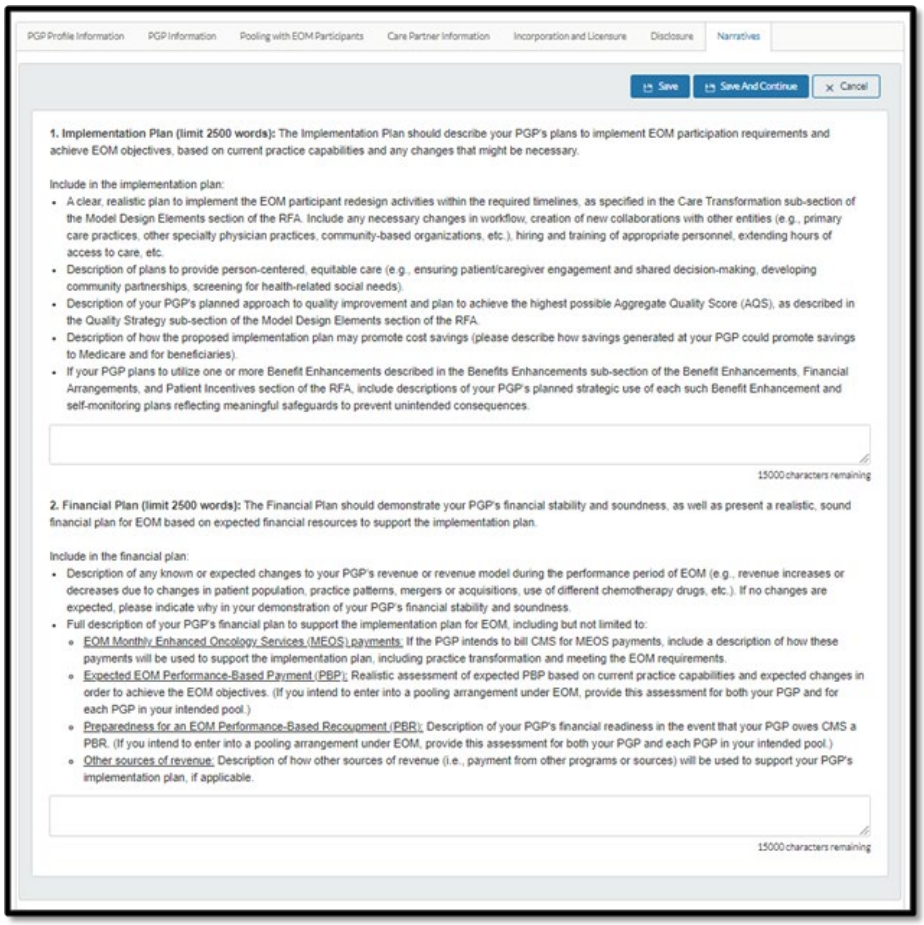
6.3.7. Narratives

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)

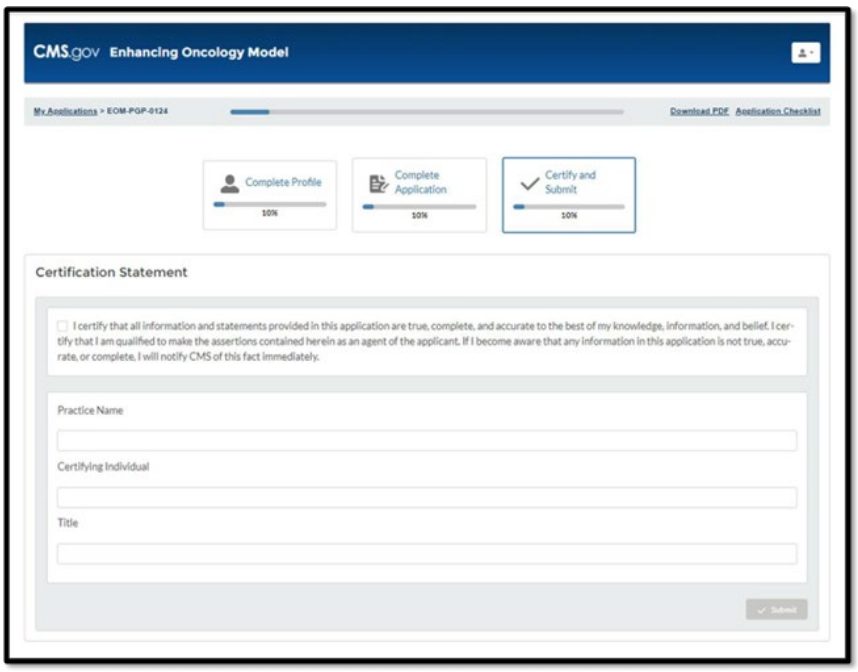


6.4. Certify & Submit Page

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

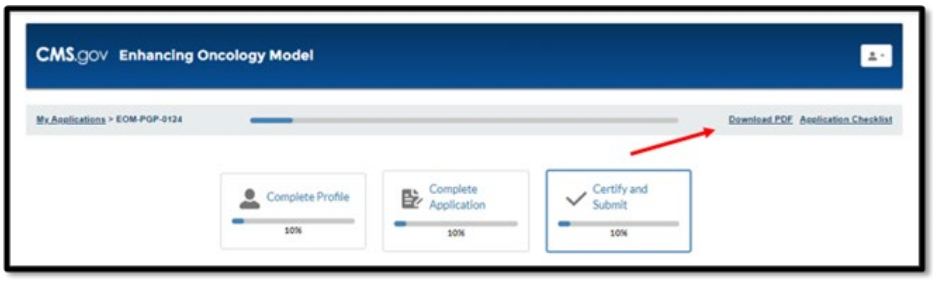


Once you complete the Certification Statement, select **"Submit"**.

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



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