

# Completing an Application to Participate in the Comprehensive ESRD Care Initiative



*May 8, 2013*

# Today's Webinar

- Today's focus: The Comprehensive ESRD Care initiative application process
  - Q & A session following our presentation
    - only questions related to the application process
    - submit questions through the Q & A feature
  - Submit other questions to the Comprehensive ESRD Care initiative HelpDesk at [cecapplications@hcmsllc.com](mailto:cecapplications@hcmsllc.com) or 1-888-340-1356.

# How to Access the Application

- You are only eligible to apply for the Comprehensive ESRD Care initiative if you filed a Letter of Intent (LOI)
  - LOI is non-binding
  - LOI deadline is May 15, 2013
- Your Primary Contact listed on your LOI, and others granted access by your Primary Contact, should have received an email with instructions for accessing the Application.
  - If you did not receive the email, please check your spam folder
    - If you are a Primary Contact and have not received an email with instructions, please contact the Comprehensive ESRD Care initiative HelpDesk at [cecapplications@hcmsllc.com](mailto:cecapplications@hcmsllc.com) or 1-888-340-1356.

# First Time Application Access




CMS will safeguard the information provided to us in accordance with the Privacy Act of 1974, as amended (5 U.S.C. Section 552a). For more information, please see the CMS Privacy Policy at [https://www.cms.gov/AboutWebsite/02\\_Privacy-Policy.asp](https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp)

## Comprehensive ESRD Care Initiative Online Application



LOI ID	<input type="text"/>
LOI Zip Code	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email	<input type="text"/>



# Login Screen for Subsequent Sessions



CMS will safeguard the information provided to us in accordance with the Privacy Act of 1974, as amended (5 U.S.C. Section 552a). For more information, please see the CMS Privacy Policy at [https://www.cms.gov/AboutWebsite/02\\_Privacy-Policy.asp](https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp)




Authorization Required

You must first log in or register before accessing this page.  
If you have forgotten your password, click [Forgot Password](#) to reset it.

Username:

Password:

[Forgot Your Password?](#) | [New User?](#)

Powered by  platform as a service

# Landing Page/Adding Contacts

[Instructions \(.doc\)](#) | [Contact Us](#) | [Logout](#)

## APPLICATION FOR THE COMPREHENSIVE ESRD CARE INITIATIVE

ESCO ID Number: E088

Applicant ESCO Name: Iphone Org

Welcome to the application for the Comprehensive ESRD Care initiative. This online web portal allows applicants to submit their applications to CMS electronically. The questions contained in this online portal mirror those included in the Application Template that is attached to the Request for Applications (RFA) as Appendix B.

The purpose of the Comprehensive ESRD Care initiative is to improve outcomes for Medicare beneficiaries with end-stage renal disease (ESRD) and reduce total per capita expenditures by creating financial incentives for dialysis facilities, nephrologists, and other Medicare providers and suppliers to collaboratively and comprehensively address the extensive needs of the complex ESRD beneficiary population. Applications for this initiative will be judged based on the applicant's ability to demonstrate competence in the following areas.

- Financial Plan/Experience
- Leadership & Management
- Organizational Structure
- Patient Centeredness
- Care Coordination Capabilities and Implementation Plan
- Care for Vulnerable Populations

Further details on the specific criteria are contained within the RFA.

Prior to completing the application, please read the application instructions. If you have any additional questions please email [ESRD-CMMI@cms.hhs.gov](mailto:ESRD-CMMI@cms.hhs.gov).

Thank you for your interest in the Comprehensive ESRD Care initiative. CMS looks forward to reviewing your application.

Click on the below link to get started on your application or to return to complete or edit your application prior to submission. You will be able to save your work along the way so you do not have to complete the entire application at once.

[Go to your application >>](#)  
[Add Contacts >>](#)



# DATA LOSS PREVENTION

- Only one person should access your application at any time.



- Save your information before navigating away from a page or logging off.



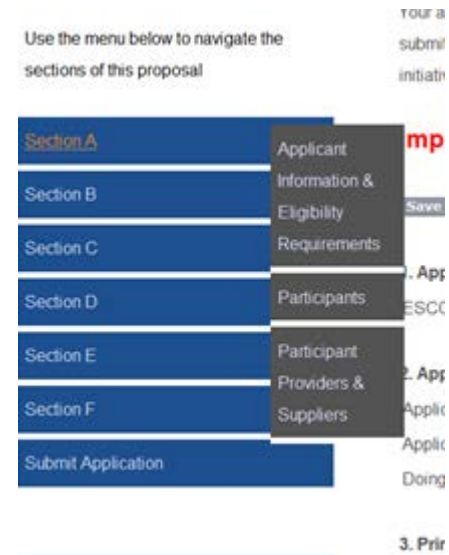
# Navigating Between Sections of the Application

- Via tabs on the left side of the page
- Via the “save/continue,” “save,” or “previous” links on each page
- Remember to **SAVE** before Navigating!!!
  - Moving between tabs or using the “previous” button will **NOT** save your data!!!



# Navigating Between Sections of the Application

- Navigating via tabs on the left side of the page
  - Sections A-F
  - Section A sub-sections



# Navigating Between Sections of the Application

- Navigating via the “save/continue,” “save,” or “previous” links on each page.
  - To save and go to the next page, use “Save/Continue.”

**Important:** You must **SAVE** before navigating away from this page or your information will be lost.

[Previous](#) [Save](#) [Save/Continue](#)

# Naming Convention for Uploads

- Questions 12, 16, 22, 28,& 38 require you to upload documents
  - When uploading documents use the following format
    - E##.q##.rest of name.
      - e.g. E01.q28.medicaidform.docx

# Completing the Application – Questions 3 & 4

- Questions 3 & 4:
  - If your organization’s primary contact has changed since submission of your LOI, please provide information for your current contact.



### 3. Primary Contact at Applicant ESCO:

Form fields for primary contact information, each with a red asterisk indicating it is required:

- First Name:  \* required
- Last Name:  \* required
- Position/Title:  \* required
- Phone:  \* required
- Phone Ext.:
- Email:  \* required

### 4. Applicant ESCO Primary Contact Address:

Form fields for primary contact address, each with a red asterisk indicating it is required:

- Street Address Line 1:  \* required
- Street Address Line 2:
- City:  \* required
- State:  \* required
- Zip Code (5 digits):  \* required
- Zip Code (4 digits):

# Completing the Application – Question 13:

- We have pre-populated the response from LOI Information
  - Edit where appropriate
    - Enter State and County from drop down lists and then add the applicable zip code
      - You MUST include an entry for each zip code in your market

13. Please identify the market area where the Applicant ESCO plans to operate (i.e., location of the Applicant ESCO's proposed participants):

Information from your Letter of Intent has been pre-populated as a response for this question. Please edit the table below by adding counties for participants that have been added to your application since the Letter of Intent and deleting counties that no longer apply.

[View CBSA Codes](#)

## Selected Markets

Action	State	County	Zip	CBSA Code
<a href="#">Delete</a>	MD	Bethesda-Rockville-Frederick	20855	13644
<a href="#">Delete</a>	MD	Bethesda-Rockville-Frederick	20850	13644

Action	State	County	ZIP
<a href="#">ADD</a>	--None-- ▾	N/A ▾	

Last Modified Date/Time: 4/16/2013 9:04 PM

# Completing the Application – Questions 14:

- We have partially pre-populated the responses to this question.
  - You will need to add information to the Address fields
  - Please review the pre-populated information and edit as necessary. Be sure to add any participants that were not included in your LOI.

14. Please complete the following table with information about all of the Applicant ESCO's proposed ESCO participants. All participant-owners must be included. Please refer to the Request For Applications for definitions of Participants, Participant Non-Owners, Participant Owners, and Provider/Supplier. In the table below, list only ESCO Participants. Individual participating Providers/Suppliers that bill under the Participant TIN and therefore make up the ESCO participant should not be listed in this table.

Action	Address Status	Participant Name	Proposed Participant Status	Medicare Provider/Supplier Type	Medicare-Enrolled Participant Tax Identification Number	Organizational or Individual National Provider Identifier (NPI):
<a href="#">Edit</a> <a href="#">Delete</a>	Complete	Test Participant	Owner	Hospital that does not provide dialysis services	123123123	1231231234
<a href="#">Edit</a> <a href="#">Delete</a>	Complete	Test	Owner	Mental Health Practice	111111111	1111111111

[Add New Participant](#)

# Completing the Application – Questions 15:

- We have pre-populated the responses to this question. Please review the pre-populated information and edit as necessary. Be sure to add any participants, providers, and suppliers that were not included in your LOI.

15. Please complete the following table for each proposed ESCO participant, listing all of the participating providers and suppliers that bill under the ESCO participant TIN. Please note, that applicants should only list those providers/suppliers that plan to participate in the ESCO. This may include all providers/suppliers billing under a TIN or only a subset.

Action	Participant	Provider/Supplier First Name	Provider/Supplier Last Name	Organization	Medicare Provider/Supplier Type	Individual or Organizational National Provider Identifier (NPI)
<a href="#">Edit</a> <a href="#">Delete</a>	Test Participant			Test1	Nephrology Practice	2342342345
<a href="#">Edit</a> <a href="#">Delete</a>	Test Participant			Test2	Primary Care Practice	7657657654
<a href="#">Edit</a> <a href="#">Delete</a>	Test Participant			AI	Hospital that does not provide Dialysis services	1212121212
<a href="#">Edit</a> <a href="#">Delete</a>	Test			Test3	Primary Care Practice	8768768765

[Add Supplier/Provider](#)

# Completing the Application – Question 28:

- If your ESCO wants to submit letters from State Medicaid Agencies in more than one state, please combine the letters into a single attachment and then upload it to your application.
  - Submitting a letter is optional.

28. Please describe the Applicant ESCO's previous experience and/or plans to work with State Medicaid Agencies to coordinate benefits of Medicare-Medicaid Enrollees (dual eligibles):

\* required

A. You may upload a letter of support from your State Medicaid Agency/Agencies.

[Manage Attachments](#)

File Attachment (5MB max file size)

You have uploaded the following:

\*E##.q28.restofdocname.docx



# Completing the Application – Question 28 (cont'd):

Use the menu below to navigate the sections of this proposal

Section A

Section B

Section C

Section D

Section E

## Section D – Clinical Care Model: Implementation Plan, Care Coordination, and Care for Vulnerable Populations

File Attachment (5MB max file size)

You have uploaded the following:

(E##.q28.restofdocname.docx)

[Delete attachment](#)

Uploading another file will overwrite the existing one.

[Return to Main Form](#)

# Application Submission Confirmation

The primary Contact will receive immediate confirmation on the screen followed by email confirmation

**From:** CEC Team

**Sent:** Wednesday, February 27, 2013 11:47 AM

**To:**

**Subject:** ESCO ID Number EXXX - Comprehensive ESRD Initiative Application Confirmation

**COMPREHENSIVE ESRD CARE INITIATIVE  
APPLICATION SUBMISSION CONFIRMATION**

Application Submitted: 02/27/2013 11:46 AM

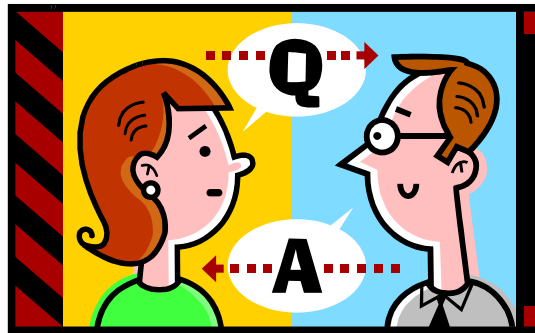
Thank you for submitting your organization's application to participate in the Comprehensive ESRD Care Initiative. This Application Submission Confirmation confirms only that we have received your application. In the event the CMS Innovation Center has a question about your application, we will contact the primary contact listed on your organization's application. If your primary contact changes at any time, please email [ESRD-CMMI@cms.hhs.gov](mailto:ESRD-CMMI@cms.hhs.gov) with the new contact email along with the ESCO ID number listed in the subject line above. Your ESCO ID number is the number assigned to your organization when it filed its Letter of Intent to participate in this initiative. Please reference this application ID number in any communication with CMS.

# REMEMBER!



# Questions related to the Application Process?

Submit questions related to the application process through the Q & A feature



# Additional Questions?

Please contact the Comprehensive ESRD Care initiative HelpDesk with any questions:

- [cecapplications@hcmsllc.com](mailto:cecapplications@hcmsllc.com) or 1-888-340-1356.

