



Comprehensive ESRD Care (CEC) Model

Welcome to Today's Webinar

The CEC Application

We will begin promptly at **12 PM** EST

Dial-in: 1-800-832-0736

Meeting Room: *6291628#

*Note: All attendee phone lines
are muted to prevent audio feedback.*

Thursday, June 16, 2016 12-1:00 PM EST



The ESRD Seamless Care Organization (ESCO) Application



COMPREHENSIVE ESRD CARE MODEL
Better ESRD Care, Together

*Center for Medicare &
Medicaid Innovation (CMMI)*

*Centers for Medicare &
Medicaid Services (CMS)*

*U.S. Department of Health
and Human Services (HHS)*

June 16, 2016

Disclaimer

The comments made on this call are offered only for general informational and educational purposes. As always, the agency's positions on matters may be subject to change. CMS's comments are not offered as, and do not constitute legal advice or legal opinions, and no statement made on this call will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules and regulations. ACOs are responsible for ensuring that their actions fully comply with applicable laws, rules and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

Furthermore, to the extent that we may seek to gather facts and information from you during this call, we intend to gather your individual input. CMS is not seeking group advice.

Tips for a Successful Event

The screenshot shows a CMS Meeting window with a presentation slide on the left and a Q&A panel on the right. The presentation slide contains the following text:

Telephone

- All attendee phone lines are muted
- This session will be recorded for posting online

Webinar Environment Features

- Please submit any questions you have in the Q & A box – Questions in the chat box will be answered in the order they are entered at the end of the presentation. If your question is unable to be addressed during this time, please email your questions following this webinar to ESRD-CMMI@cms.hhs.gov
- Download the slides in the box in the lower right corner of your screen
- A short survey will be available at the end of the presentation

The Q&A panel on the right has a text input field with a red arrow pointing to it from a blue callout box that says "Type questions here and hit 'Enter'". Below the input field is a "Download Materials" section with a table of files:

Name	Size
Presentation	22 KB
CEC RFA Factsheet	134 KB

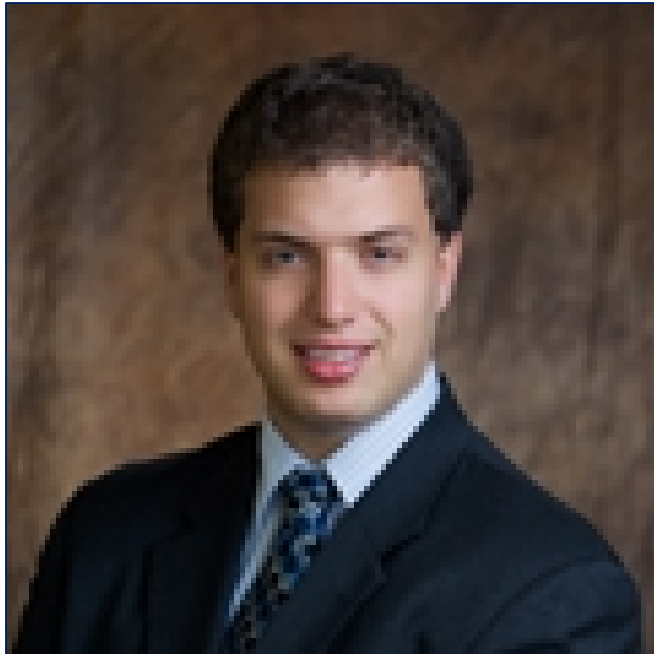
Below the table is a "Download File(s)" button. At the bottom of the Q&A panel is a "Feedback Survey" section with a "Survey" label and a "Browse To" button.

A blue callout box with a red arrow points to the "Download Materials" section, containing the text: "Click here to download a PDF copy of the slides along with the CEC RFA Fact Sheet".

Introduction

Begin Audience Poll

Today's Speaker



Tom Duvall, MBA
Operations Analyst,
Center for Medicare and
Medicaid Innovation

Presentation Agenda



- Introduction of ActioNet presenters
- Demonstration and training presentation of CEC Application features and functionality
- Q&A with CMS Staff and presenters

Guest Speakers



Matt Canada



and

Olalekan Adeyemi



Index of Materials

- Getting Started
- Using the System
- Home Screen
- Application Navigation
- ESCO Information
- Organizational Structure
- Patient Centeredness
- Clinical Care
- Financial Experience
- Attestation & Signature
- Submit the Application
- Validation Errors
- Copy of Submitted Application

Before You Start the Application

To apply to join the CEC Model in 2017 for Model Performance Year (PY) 2:

- Please email ESRD-CMMI@cms.hhs.gov with:
 - The first and last names of the primary contact for the applicant ESCOs
 - The email address for that contact, and;
 - The name of any ESCO or ESCOs for which the contact will be completing the application.
- The CEC Model team will set up a user account for each applicant in the CEC Application Portal.
- Applicants will receive their username and password within 7-10 business days of submitting their information.
- The application deadline is **July 15, 2016**.

Before You Start the Application (cont'd)

- System Set-up Considerations:
 - The CEC RFA Round 2 application screens are designed to be viewed at a minimum screen resolution of 800 x 600
 - To optimize your access to the CEC RFA Round 2 application:
 - Please disable pop-up blockers
 - Use Internet Explorer, version 9.0 or higher
 - Prior versions of IE are not supported by Salesforce

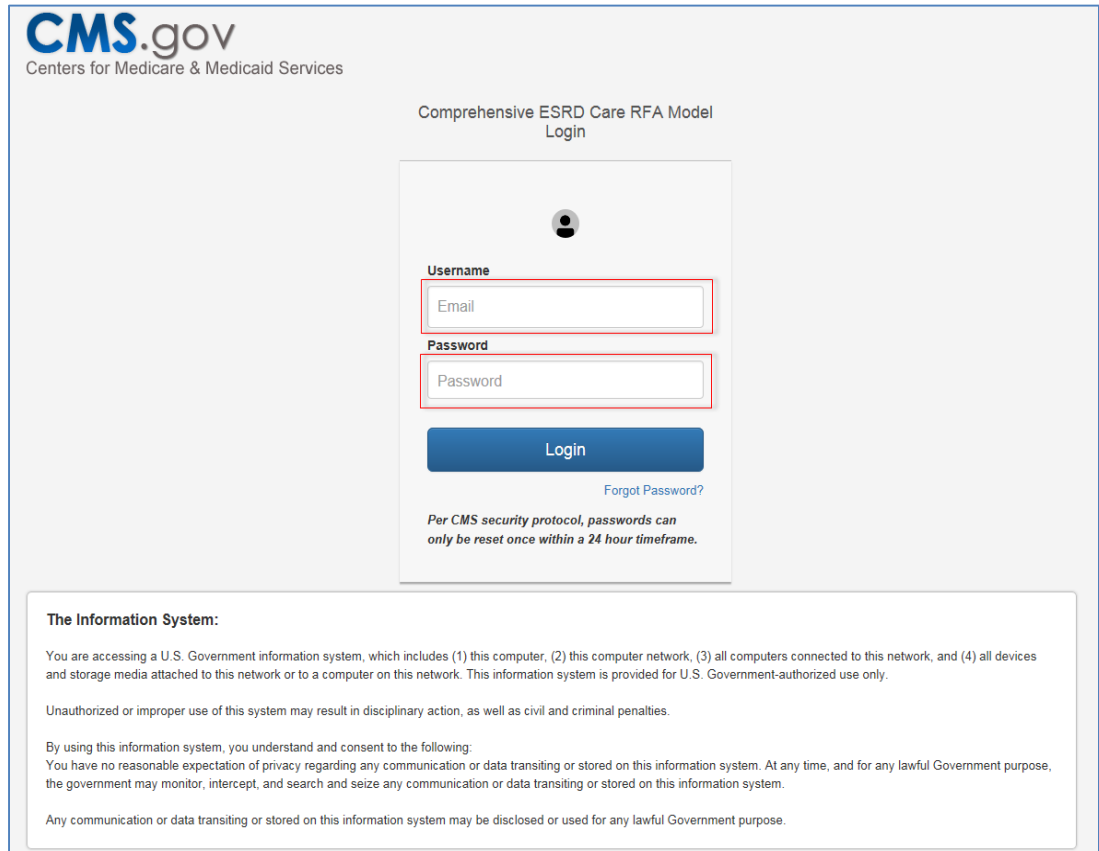
Getting Started

- Prospective applicants can request access credentials by contacting the CEC RFA-Help Desk:
 - **Email:** cecapplications@hcmsllc.com
 - **Call:** 1-888-340-1356
- Applicants can also refer to the **CEC RFA User Manual** for additional guidance

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a "Search" button. A secondary navigation bar contains buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center (highlighted), Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows the breadcrumb "Innovation Center Home > Innovation Models > Comprehensive ESRD Care". The title "Comprehensive ESRD Care Model" is followed by a "Share" button. The text describes the model's purpose: "The Comprehensive ESRD Care Model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD). Through the Comprehensive ESRD Care Model, CMS will partner with health care providers and suppliers to test the effectiveness of a new payment and service delivery model in providing beneficiaries with patient-centered, high-quality care." Below this is a call to action: "Select anywhere on the map below to view the interactive version". A map of the United States shows 13 blue dots representing participating ESRD Seamless Care Organizations (ESCOs). The source is cited as "Source: Centers for Medicare & Medicaid Services". A note states: "There are 13 ESRD Seamless Care Organizations (ESCOs) participating in the Comprehensive ESRD Care Model. (List)" with a "Read more" link. On the right side, a sidebar titled "Model Summary" lists key details: Stage: Announced; Number of Participants: 13; Category: Accountable Care; Authority: Section 3021 of the Affordable Care Act. Below this is a "Milestones & Updates" section with three entries: "Oct 07, 2015" (Announced: 13 ESCOs to test new payment and service delivery options for ESRD beneficiaries), "Feb 14, 2013" (Announced: Second Open Door Forum for Comprehensive ESRD Care Model scheduled for February 26), and "Feb 12, 2013" (Updated: Additional Frequently Asked Questions (FAQs) for Applicants posted). A final entry "Feb 06, 2013" (Updated: Frequently Asked Questions (FAQs) for Applicants posted) is also present.

Using the System: CEC RFA Login

- The user must select the link provided in the automated Salesforce email
<https://cmsorg.force.com/CECRfa/> to access the Comprehensive ESRD Care Model RFA page
- The user enters their username and password, and then selects the Login button



CMS.gov
Centers for Medicare & Medicaid Services

Comprehensive ESRD Care RFA Model
Login

Username
Email

Password
Password

Login

[Forgot Password?](#)

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

The Information System:

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Using the System: Passwords

- A password must be:
 - A minimum of eight alphanumeric characters
 - Case sensitive
- If a user forgets their password:
 - Select the “Forgot Password?” link on the Log-in screen to have a new password sent to you via email
 - Enter your user name in the User Name field and select “Continue”
 - You will receive an email with your new password
- Note: A user will be locked out of the system after three invalid login attempts within a 30-minute period.

For additional password assistance, please email CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433

CEC Team Contact Information

Magda Barini-Garcia, CAPT, MD, MPH
Improvement Advisor/Medical Officer

Tom Duvall, MBA
Operations Analyst

Emma Oppenheim, MPH
Social Science Research Analyst

For future questions pertaining to today's event or regarding the CEC model, please email: ESRD-CMMI@cms.hhs.gov. Thank you!

The Home Screen

- After the user successfully logs-in, they are navigated to the home screen
- From the home screen, users can:
 - Access their account details and/or change passwords
 - Access Helpful Links
 - Start or continue their CEC Application

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Test UserCECRFA

Welcome to the Comprehensive End Stage Renal Disease Care Model

Helpful Links

- [Glossary/Key Definitions](#)
- [Instructions to Complete the CEC RFA](#)
- [Instructions to Withdraw an Application](#)
- [Comprehensive ESRD Care Model Page](#)

Last Login: 04/26/2016 01:51 PM EDT

Important to note before outlining the requirements listed below is that applicants to the CEC Model will not be expected to have their legal entity formed until after application selection and prior to the finalization of the CEC Model Participation Agreement. ESCO applicants should include 100% of their proposed Participant Owners, Participant Non-Owners, and ESCO Providers/Suppliers in the application. ESCO Participants will not be able to be added after application submission. Prior to the signing of the CEC Model Participation Agreement, selected applicants must have 100% of their Participants identified and CMS-vetted.

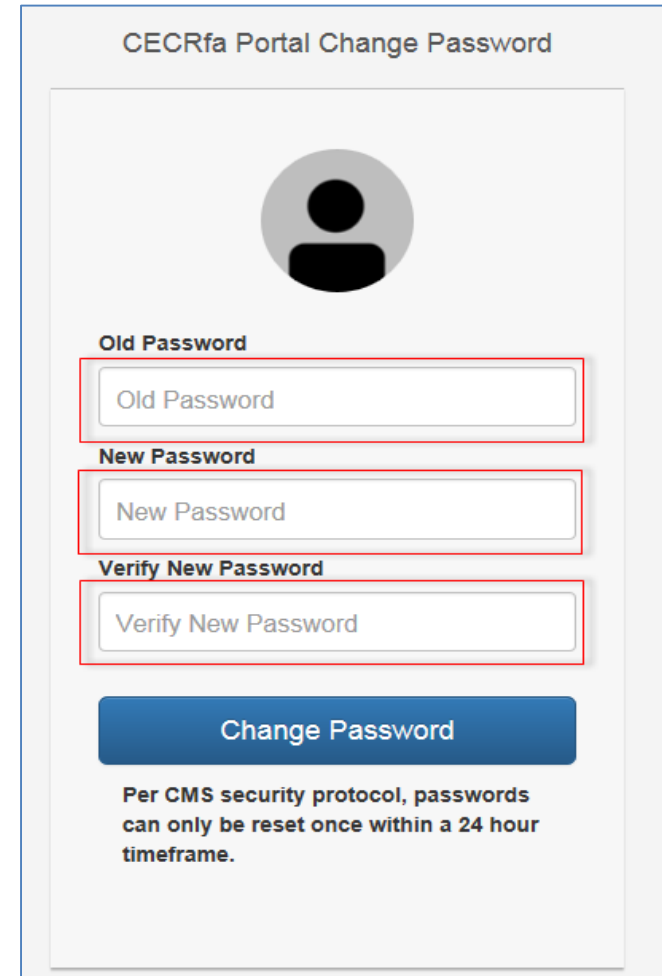
Questions about the application should be directed ESRD-CMMI@cms.hhs.gov.

[Start New CEC Application](#)

ESCO ID	Submission Status of Application
E0008	In Progress
ESCO Information	Incomplete
Organizational Structure	Incomplete
Patient Centeredness	Incomplete
Clinical Care	Incomplete
Financial Experience	Complete
Attestation and Signature	Incomplete
E0009	In Progress
ESCO Information	Incomplete
Organizational Structure	Incomplete
Patient Centeredness	Incomplete
Clinical Care	Incomplete
Financial Experience	Incomplete
Attestation and Signature	Incomplete

The Home Screen: Change Password

- To change the existing password:
 - Select the ***Change Password*** link
 - Enter the required fields
 - Select ***Change Password***



The screenshot shows a web form titled "CECRfa Portal Change Password". At the top center is a circular placeholder for a user profile picture. Below this are three input fields, each with a red border: "Old Password", "New Password", and "Verify New Password". A blue button labeled "Change Password" is positioned below the input fields. At the bottom of the form, there is a security notice: "Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe."

Home Screen: Helpful Links

- The **Helpful Links** section includes links to the following:
 - A glossary and key definitions PDF
 - Brief instructions on how to complete a CEC RFA Round 2 application
 - Brief instructions on how to withdraw an application
 - A link to the CEC Model page



CMS.gov
Centers for Medicare & Medicaid Services

Welcome Test UserCECRFA

Welcome to the Comprehensive End Stage Renal Disease Care Model

Helpful Links

- [Glossary/Key Definitions](#)
- [Instructions to Complete the CEC RFA](#)
- [Instructions to Withdraw an Application](#)
- [Comprehensive ESRD Care Model Page](#)

Last Login: 04/26/2016 01:51 PM EDT

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Home Screen: Start a New Application

- To start a new application:
 - Select the ***Start New CEC Application*** button
 - This will allow the user to choose from all associated ESCOs that do not already have a started application

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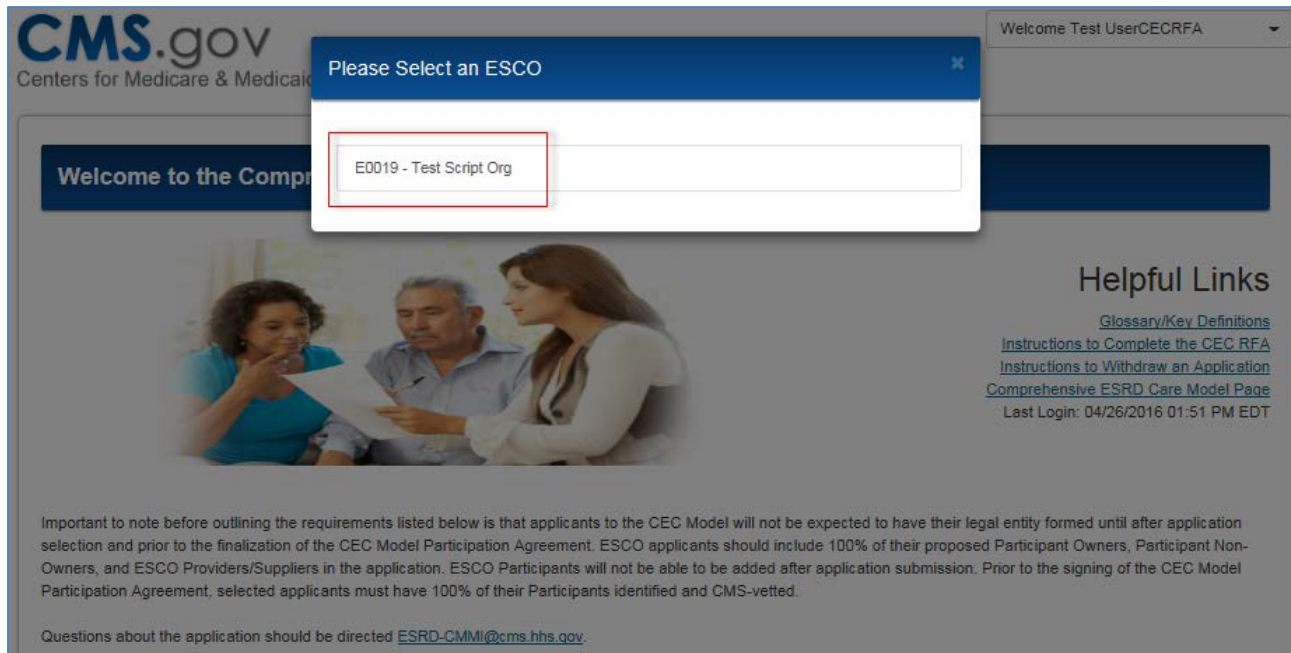
Questions about the application should be directed ESRD-CMMI@cms.hhs.gov

[Start New CEC Application](#)

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Financial Experience	Complete
Attestation and Signature	Incomplete
E0009	In Progress
ESCO Information	Incomplete
Organizational Structure	Incomplete
Patient Centeredness	Incomplete
Clinical Care	Incomplete

Home Screen: Available ESCOs

- Once a user starts an application for a given ESCO, that ESCO is removed from the ***“Please Select an ESCO”*** pop-up window



The screenshot displays the CMS.gov home screen. At the top left is the CMS.gov logo with the text 'Centers for Medicare & Medicaid Services'. At the top right, a user is logged in as 'Test UserCECERFA'. A blue header bar contains the text 'Welcome to the Comprehensive End Stage Renal Disease Care Model'. A white pop-up window titled 'Please Select an ESCO' is centered on the screen, with a red rectangular box highlighting the text 'E0019 - Test Script Org' inside a search or selection field. Below the header is a large image of three people (two women and one man) looking at a document. To the right of the image is a 'Helpful Links' section with the following links: [Glossary/Key Definitions](#), [Instructions to Complete the CEC RFA](#), [Instructions to Withdraw an Application](#), and [Comprehensive ESRD Care Model Page](#). Below the links, it says 'Last Login: 04/26/2016 01:51 PM EDT'. At the bottom of the page, there is a paragraph of text: 'Important to note before outlining the requirements listed below is that applicants to the CEC Model will not be expected to have their legal entity formed until after application selection and prior to the finalization of the CEC Model Participation Agreement. ESCO applicants should include 100% of their proposed Participant Owners, Participant Non-Owners, and ESCO Providers/Suppliers in the application. ESCO Participants will not be able to be added after application submission. Prior to the signing of the CEC Model Participation Agreement, selected applicants must have 100% of their Participants identified and CMS-vetted.' Below this paragraph is a footer note: 'Questions about the application should be directed ESRD-CMMI@cms.hhs.gov.'

Home Screen: Returning to Application

- This area of the home page provides access to all sections for each started application
- Select the section name under the specified application to navigate to that area of the application

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Test User/CECRA

Welcome to the Comprehensive End Stage Renal Disease Care Model

Helpful Links

- [Glossary/Key Definitions](#)
- [Instructions to Complete the CEC RFA](#)
- [Instructions to Withdraw an Application](#)
- [Comprehensive ESRD Care Model Page](#)

Last Login: 04/26/2016 01:51 PM EDT

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[Start New CEC Application](#)

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Financial Experience	Incomplete
Attestation and Signature	Incomplete

Home Screen: Application Statuses

- A CEC RFA application can have the following status:

Submission Status of Application	Business Rule
In Progress	Status is applied once an application has been started
Withdrawn	Status is applied once the user has submitted an official request to withdraw as per instructions on the CEC RFA and the request has been approved by the CMS PO
Submitted	Status is applied once all questions have been successfully answered, any errors have been resolved, and the user certifies and submits their application Once successfully submitted an additional row is displayed in the Existing Application table that provides a PDF copy of the submitted application

Application Navigation

- Once an application is started, the user will have access to:
 - A navigation bar at the top of the page
 - Buttons at the bottom of the page:
 - **Save** - Saves the state of the fields on the current page
 - **Save and Continue** – Saves the state of the fields within the current page and navigates to the next page
 - **Cancel** – Removes all input information since the user last saved

The screenshot displays the CMS.gov application interface. At the top left is the CMS.gov logo with the text "Centers for Medicare & Medicaid Services". At the top right, a user greeting reads "Welcome Test UserCECERFA". A navigation bar is highlighted with a red box, containing the following tabs: "ESCO Information" (highlighted in yellow), "Organization Structure", "Patient Centeredness", "Clinical Care", "Financial Experience", and "Attestation and Signature". To the right of the navigation bar, the text "[Application ID: E0008 Status: In Progress]" is visible. Below the navigation bar, a message states "*Click SAVE prior to navigating away". The main content area is titled "Section A - Applicant ESCO Information and Eligibility Requirements". An "Add Participant" button is located above a table. The table has columns for "Participant Name", "Status", "CBSA", "Medicare Provider/Supplier Type", "TIN", "CCN", and "NPI". The table currently displays "No Participants to display". At the bottom of the page, a red box highlights three buttons: "Save", "Save And Continue", and "Cancel".

ESCO Information

- Within the ESCO Information page, complete all fields or upload supporting documents where applicable
- Select **Save and Continue** to navigate to the next page when finished
- Note: Answering “No” to questions 3, 4, and 5 will generate a subsequent question

Welcome Test UserCECERFA

[Application ID: E0009 Status: In Progress]

ESCO Information Organization Structure Patient Centeredness Clinical Care Financial Experience Attestation and Signature

*Click SAVE prior to navigating away

Section A - Applicant ESCO Information and Eligibility Requirements

1. Applicant ESCO Name

A. Applicant ESCO Name :

B. Company :

2. Contacts [Add Contact](#)

At least one entry in one of the 4 categories under type is required for submission.

Type	Name	Business Phone	Ext	Email	
Company	John Smith	(410) 555-5555		smith@sf.com	Edit Delete

3. Are any of the Applicant ESCO's dialysis facilities currently participating in a Medicare shared savings initiative?

Yes No

If YES, please choose all initiative(s) that apply :

Available	Chosen
<input type="checkbox"/> Comprehensive Primary Care Initiative	<input type="checkbox"/> Care Mgmt for High-Cost Bene Demo
<input type="checkbox"/> Independence at Home Med Practice Demo	<input type="checkbox"/> Pioneer ACO Model
<input type="checkbox"/> Medicare Health Care Quality Demo Prgms	<input checked="" type="checkbox"/> Next Generation ACO Model
<input type="checkbox"/> Multi-payer Advncd Prim Care Pract Demo	<input type="checkbox"/> Other
<input type="checkbox"/> Physician Gp Practice Transition Demon	
<input type="checkbox"/> Medicare Shared Savings Program	

If Other, Please Specify?

4. Are any of the Applicant ESCO's proposed ESCO Participants, other than dialysis facilities, currently participating in a Medicare shared savings initiative?

Yes No

ESCO Information: Adding a Contact

- Selecting the **Add Contact** button under question 2 will generate a pop-up
- Complete the information and select **Save** to add the contact
- The contact will populate the table under question 2
- Selecting **Close** inside the pop-up will navigate the user back to the ESCO Information page

2. Contacts

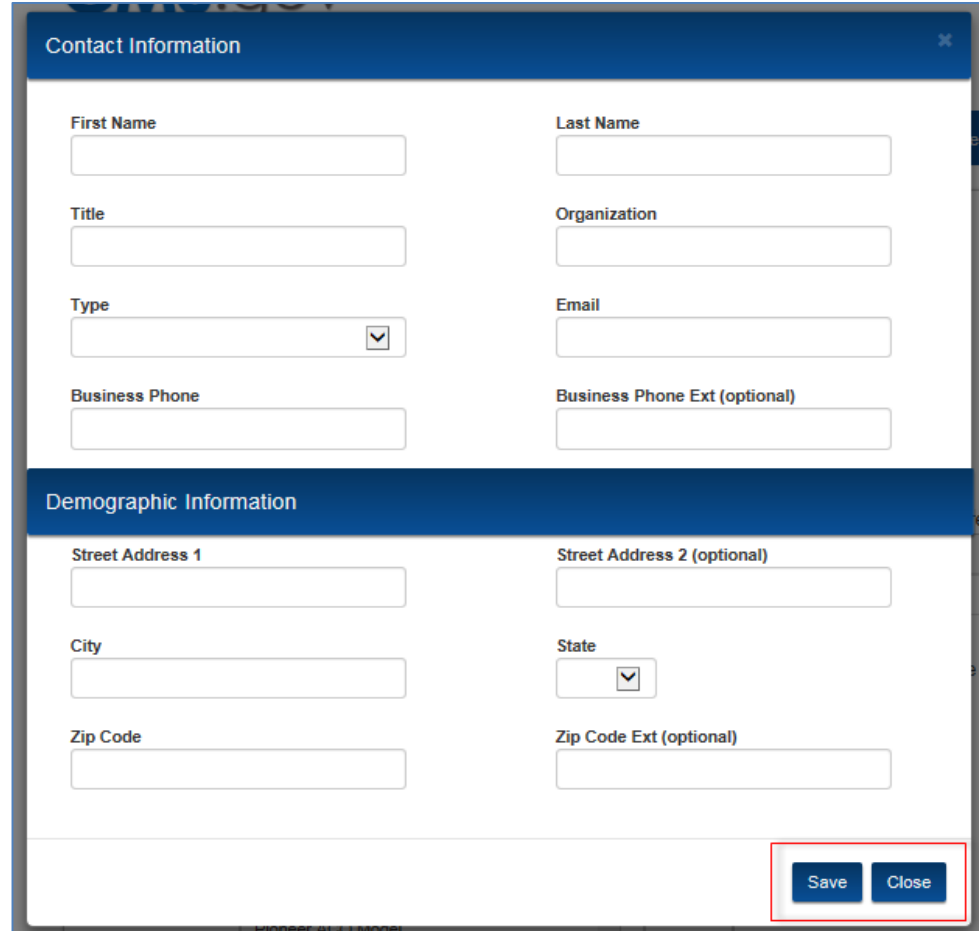
[Add Contact](#)

At least one entry in one of the 4 categories under type is required for submission.

Type	Name	Business Phone	Ext	Email
No contacts to display				

ESCO Information: Adding a Contact

- Selecting the **Add Contact** button under question 2 will generate a pop-up
- Complete the information and select **Save** to add the contact



The screenshot shows a web form titled "Contact Information" with a close button (X) in the top right corner. The form is divided into two main sections: "Contact Information" and "Demographic Information".

Contact Information Section:

- First Name:
- Last Name:
- Title:
- Organization:
- Type: (dropdown menu)
- Email:
- Business Phone:
- Business Phone Ext (optional):

Demographic Information Section:

- Street Address 1:
- Street Address 2 (optional):
- City:
- State: (dropdown menu)
- Zip Code:
- Zip Code Ext (optional):

At the bottom right of the form, there are two buttons: "Save" and "Close". The "Save" button is highlighted with a red border.

CMS Commentary on Qs 1-12

- **1-6:** CMS needs key contacts for both the ESCO and the Company
 - The Company is the corporate entity that owns the dialysis facilities in whole or in part
 - For chains, the same individual may fill out all of the applications or serve as a contact
- **7-9:** CMS is interested in past and current experience with other CMS coordinated care initiatives
- **10-12:** CMS needs to know some basic information about the legal status of the proposed ESCO
 - Do not need to be incorporated right now, but want to know plans for incorporation
 - Proposed agreements are important as ESCO will need to sign agreements with all participants in the model

ESCO Information: Adding a Participant

- Selecting the **Add Participant** button under question 9 will generate a pop-up
- Complete the information and select **Save** to add the participant
- The participant will populate the table under question 9
- Selecting **Close** inside the pop-up will navigate the user back to the ESCO Information page

9. Please complete the following table with information about all of the Applicant ESCO's proposed ESCO Participants. Please refer to the Request For Applications Appendix B for definitions of Participant Owners, Participant Non-Owners, and Providers/Suppliers. Proposed ESCO Participants will also be required to provide contact information for their proposed participants. This will be each ESCO Applicant's only opportunity to include Participants for their ESCO.

Add Participant

Participant Name	Status	CBSA	Medicare Provider/Supplier Type	TIN	CCN	NPI
No Participants to display						

Save

Save And Continue

Cancel

ESCO Information: Adding a Participant

- Hover your mouse over the helper text icon within the pop-up for field-specific information
- If the participant is an Organization, populate the “Participant Name” field and enter “n/a” in the Provider/Supplier First Name and Provider/Supplier Last Name fields
- If the participant is an Individual Provider, populate the Provider/Supplier First Name and Provider/Supplier Last Name fields and enter “n/a” in the “Participant Name” field

The screenshot shows a web form titled "Participant Information" with a close button in the top right corner. The form is divided into three main sections: "Participant Information", "Demographic Information", and "Identifiers".

Participant Information

- Participant Name: Text input field with a helper text icon.
- Medicare Provider/Supplier Type: Dropdown menu.
- Provider/Supplier First Name: Text input field with a helper text icon.
- Participant Type: Dropdown menu.
- Provider/Supplier Last Name: Text input field with a helper text icon.

Demographic Information

- Street Address Line 1: Text input field.
- Street Address Line 2 (optional): Text input field.
- City: Text input field.
- State: Dropdown menu.
- County: Text input field with a helper text icon and a dropdown menu.
- Zip Code: Text input field with a hyphen and an optional field.
- CBSA: Text input field.

Identifiers

- CMS Certification Number (CCN): Text input field.
- National Provider Number (NPI): Text input field.
- Participant TIN: Text input field.

At the bottom right of the form, there are two buttons: "Save" and "Close".

ESCO Information: Adding a Participant

- The “CBSA” field is populated based on the selection of the “State” and “County” dropdowns. If the county is not listed select the “Not Listed/Unknown” option
- The CCN field is conditionally required based on the selection of the “Dialysis facility that is not part of a LDO chain” or “Dialysis facility that is part of a Large Dialysis Organization (LDO) Chain” options under the “Medicare Provider/Supplier Type” field

The screenshot shows a web form titled "Participant Information" with a close button in the top right corner. The form is divided into three main sections: "Participant Information", "Demographic Information", and "Identifiers".

Participant Information

- Participant Name: Text input field.
- Provider/Supplier First Name: Text input field.
- Provider/Supplier Last Name: Text input field.
- Medicare Provider/Supplier Type: Dropdown menu.
- Participant Type: Dropdown menu.

Demographic Information

- Street Address Line 1: Text input field.
- Street Address Line 2 (optional): Text input field.
- City: Text input field.
- State: Dropdown menu.
- County: Dropdown menu.
- Zip Code (optional): Text input field with a hyphen separator.
- CBSA: Text input field.

Identifiers

- CMS Certification Number (CCN): Text input field.
- National Provider Number (NPI): Text input field.
- Participant TIN: Text input field.

At the bottom right of the form, there are two buttons: "Save" and "Close".

CMS Commentary on Q 13

- This must include ALL proposed model participants:
 - Need the participants by July 15th to begin federal review process of all participants
 - ESCOs will be able to drop participants at any time, but will only be able to add participants at the beginning of each year
 - This does not represent a final list of signed participants for the ESCO
 - Prospective ESCOs should include all providers with whom they might ultimately sign agreements
 - After vetting, ESCOs will verify those with signed final agreements
- Need complete information for all participants:
 - Correct name and address for providers for how they signed up for Medicare
 - Need TIN and NPI for all providers and TINs/CCNs for all facilities
 - With incomplete or inaccurate information, the provider cannot be reviewed and therefore cannot join the model, which could affect the ability of the ESCO to meet minimum criteria
- ESCOs are required to include at least one dialysis facility and at least one nephrologist as participant owners
- Providers/suppliers bill through the TIN of a participant owner/non-owner
- CMS will evaluate applications in part based on the breadth of provider networks

Organizational Structure

- Within the Organizational Structure page, complete all fields or upload supporting documents where applicable
- Select ***Save and Continue*** to navigate to the next page when finished

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Test User/CEC/IFA

[Application ID: E0008 Status: In Progress]

ESCO Information **Organization Structure** Patient Centeredness Clinical Care Financial Experience Attestation and Signature

*Click SAVE prior to navigating away

Section B - Organization Structure, Leadership Management, Governance Structure

10. Please provide a proposed organizational chart for the Applicant ESCO. It should depict the legal structure, the composition of the ESCO(s), all of the ESCO Participant(s), and relevant committees.

WEFAWEA

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

Upload File

11. Please provide a narrative description of any past collaboration among the proposed ESCO Participant(s), including previous experience working together, and current discussions between or among the ESCO participant(s) about further acquisitions of or collaborations with one or more other ESCO Participant(s). Also include a description of how the proposed ESCO Participant(s) will work together in future to achieve the goals of this Model, including details such as decision-making processes and resources necessary to achieve goals of the Model.

WERFAEA

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

Upload File

12. Please complete the table below with information specific to the Applicant ESCO's proposed leadership team. The leadership team may include, but is not limited to: key executives, finance, clinical improvement, compliance officers, information systems leadership, and the individual responsible for maintenance and stewardship of clinical data. If specific individuals have not yet been identified, please note that in the Name column and provide an anticipated date by which the individual will be identified. Please also include a brief description of the responsibilities associated with that role.

Name	ESCO Leadership Team Position/Role	Responsibilities	Action
AAA	AAA	AAA	Edit Delete
<	>	>	>

New Team Member

13. Please provide a narrative explanation of why the Applicant ESCO wishes to participate in the CEC Model and how participation in the Model will help CMS, and the applicant ESCO's proposed Participant(s), achieve the goals of better care for Medicare beneficiaries with ESRD(2 pages).

ARFAEAe

Document(s) Submitted by the ESCO

File Name	Upload Date	Delete
E0008-Q13-Cmc_Logo.PNG	4/21/2016 4:38 PM	Delete
<	>	>

Upload File

Organizational Structure: New Team Member

- Selecting the ***New Team Member*** button under question 12 will generate a pop-up
- Complete the information and select ***Save*** to add the team member

12. Please complete the table below with information specific to the Applicant ESCO's proposed leadership team. The leadership team may include, but is not limited to: key executives, finance, clinical improvement, compliance officers, information systems leadership, and the individual responsible for maintenance and stewardship of clinical data. If specific individuals have not yet been identified, please note that in the Name column and provide an anticipated date by which the individual will be identified. Please also include a brief description of the responsibilities associated with that role.

Name	ESCO Leadership Team Position/Role	Responsibilities	Action
AAA	AAA	AAA	Edit Delete

New Team Member

New Leadership Team

Name

ESCO Leadership Team Position/Role

Responsibilities

Save **Close**

Organizational Structure: New Governing Body

- Selecting the ***New Governing Body*** button under question 14 will generate a pop-up
- Complete the information and select ***Save*** to add the governing body

14. Please complete the table below with the information specific to the Applicant ESCO's proposed governing body:

Name	Position in the ESCO's Governing Body	ESCO Participant being Represented (Please enter N/A if not applicable)	ESCO Participant Status (e.g., Owner Non-Owner)	Voting Power (% of total)
New Governing Body				

New Governing Body

Name

Position in the ESCO's Governing Body

ESCO Participant being Represented (Please enter N/A if not applicable)

ESCO Participant Status (e.g., Owner, Non-Owner)

Voting Power (% of total)

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

Patient Centeredness

- Within the Patient Centeredness section, complete all fields or upload supporting documents where applicable
- Select ***Save and Continue*** to navigate to the next page when finished

The screenshot shows the CMS.gov application interface for the Patient Centeredness section. The header includes the CMS.gov logo, the text 'Centers for Medicare & Medicaid Services', and a user welcome message 'Welcome Test UserCECRFA'. A navigation bar contains tabs for 'ESCO Information', 'Organization Structure', 'Patient Centeredness' (which is highlighted), 'Clinical Care', 'Financial Experience', and 'Attestation and Signature'. The main content area is titled 'Section C - Patient Centeredness' and contains three numbered questions (17, 18, and 19) with corresponding text input fields and document upload sections. Each question section includes a 'Document(s) Submitted by the ESCO' table with columns for 'File Name' and 'Upload Date', and an 'Upload File' button. At the bottom of the form, there are three buttons: 'Save', 'Save And Continue', and 'Cancel'.

Application ID: E0008 Status: In Progress

ESCO Information Organization Structure **Patient Centeredness** Clinical Care Financial Experience Attestation and Signature

*Click SAVE prior to navigating away

Section C - Patient Centeredness

17. Please provide a narrative description of the Applicant ESCO's plan for engaging with beneficiaries and their caregivers. At a maximum, please address the following:

- A. Shared decision-making
- B. Care transitions
- C. Beneficiary education about dialysis care and renal transplant options

*Please provide a response in the textbox or upload supporting documentation.

Document(s) Submitted by the ESCO	
File Name	Upload Date
<	>

Upload File

18. Please describe the existing or planned mechanisms that the Applicant ESCO will use to conduct the beneficiary outreach.

*Please provide a response in the textbox or upload supporting documentation.

Document(s) Submitted by the ESCO	
File Name	Upload Date
<	>

Upload File

19. Please describe the Applicant ESCO's existing or planned approach for evaluating beneficiary satisfaction in addition to CMS required beneficiary surveys and how the ESCO intends to use such information to improve its care management and coordination processes.

*Please provide a response in the textbox or upload supporting documentation.

Document(s) Submitted by the ESCO	
File Name	Upload Date
<	>

Upload File

Save Save And Continue Cancel

Clinical Care

- Within the Clinical Care section, complete all fields or upload supporting documents where applicable
- Select **Save and Continue** to navigate to the next page when finished

The screenshot displays the CMS.gov interface for the Clinical Care section. At the top, the CMS.gov logo and "Centers for Medicare & Medicaid Services" are visible. A user login "Welcome Test UserCECRFA" is in the top right. Below the logo, the application ID "E0019" and status "In Progress" are shown. A navigation bar includes "ESCO Information", "Organization Structure", "Patient Centeredness", "Clinical Care" (highlighted), "Financial Experience", and "Attestation and Signature".

The main content area is titled "Section D - Clinical Care Model: Implementation Plan, Care Coordination and Care for Vulnerable Populations". It contains question 20, which asks for a narrative on various aspects of care coordination. Below the question is a large text input field. Underneath is a table for "Document(s) Submitted by the ESCO" with columns for "File Name" and "Upload Date". A blue "Upload File" button is positioned below the table.

Question 21 follows, asking about incorporating mental/behavioral health and social services. It also features a large text input field and a similar "Document(s) Submitted by the ESCO" table with "File Name" and "Upload Date" columns. At the bottom of the page, a blue "Save and Continue" button is visible.

Clinical Care

- Note: For questions 25 and 26, only input whole numbers

25. Please provide the anticipated percentage of eligible professionals in the Applicant ESCO that will have attested to Electronic Health Record Meaningful Use Criteria by December 31, 2015.

26. What percentage of the Applicant ESCO's total revenues, in the last fiscal year, were derived from the below sources? Applicants may approximate this by summing the revenues for all of the proposed ESCO Participants.

Medicare Fee For Service

Medicare Advantage

Commercial Insurance

Medicaid

Self Pay

Other

27. Please complete the below table with any certification and accreditation information specific to the Applicant ESCO's proposed participants.

ESCO Participant	ESCO Provider/Supplier OR Department Receiving Certification/Accreditation	Accrediting Body	Certification/Accreditation
<			>

New Certification/Accreditation

28. Please complete the table below with information specific to the Applicant ESCO's proposed leadership team. The leadership team may include, but is not limited to: key executives, finance, clinical improvement, compliance officers, information systems leadership, and the individual responsible for maintenance and stewardship of clinical data. If specific individuals have not yet been identified, please note that in the Name column and provide an anticipated date by which the individual will be identified. Please also include a brief description of the responsibilities associated with that role.

ESCO Participant	ESCO Provider/Supplier or Department at Issue	Federal or State Agency or Accrediting Body	Description of Infraction	Resolution Status
<				>

New Investigation/Sanctions

Save Save And Continue Cancel

Clinical Care: New Certification/Accreditation

- Selecting the ***New Certification/Accreditation*** button under question 27 will generate a pop-up
- Complete the information and select Save to add the certification or accreditation

27. Please complete the below table with any certification and accreditation information specific to the Applicant ESCO's proposed participants.

ESCO Participant	ESCO Provider/Supplier OR Department Receiving Certification/Accreditation	Accrediting Body	Certification/Accreditation
<input type="button" value="New Certification/ Accreditation"/>			

Certification/Accreditation Information

ESCO Participant

ESCO Provider/Supplier or
Department Receiving
Certification/Accreditation

Accrediting Body

Certification/Accreditation

Clinical Care: New Investigation/Sanctions

- Selecting the ***New Investigation/Sanctions*** button under question 28 will generate a pop-up
- Complete the information and select ***Save*** to add a new investigation or sanction

28. Please complete the table below with information specific to the Applicant EBCO's proposed leadership team. The leadership team may include, but is not limited to: key executives, finance, clinical improvement, compliance officers, information systems leadership, and the individual responsible for maintenance and stewardship of clinical data. If specific individuals have not yet been identified, please note that in the Name column and provide an anticipated date by which the individual will be identified. Please also include a brief description of the responsibilities associated with that role.

ESCO Participant	ESCO Provider/Supplier or Department at issue	Federal or State agency or Accrediting Body	Description of Infraction	Resolution Status
<				>

New Investigation/ Sanctions

Investigation/Sanctions

EBCO Participant

EBCO Provider/Supplier OR Department at issue

Federal OR state agency OR Accrediting Body (DOJ, OIG The Joint Commission, State Survey Agencies)

Description of Infraction (Including Date)

Resolution Status

Save **Close**

CMS Commentary on Qs 14-20

- Proposed organizational chart may change, but want to see preliminary thoughts about how ESCO would be organized
- Overall, looking for current coordination among ESCO participants and a feasible plan for effectively coordinating care and taking on the work of being an ESCO
 - Should think about who will perform all of the tasks discussed in Webinar 2
- Governing body has a list of requirements about membership and diversity of governance to follow
 - If your proposed governing body does not meet all of the relevant criteria, we will let you know. Gaps must be addressed before signing the Participation Agreement
 - Important note: Either Medicare beneficiary or patient advocate is required, but not both.
- Compliance plan is an important part of being an ESCO
 - ESCO must identify a compliance officer, who may not serve as the compliance officer for the company for LDOs and Non-LDOs

Financial Experience

- Within the Financial Experience section, complete all fields or upload supporting documents where applicable
- Select ***Save and Continue*** to navigate to the next page when finished

The screenshot shows the CMS.gov application interface for the Financial Experience section. The header includes the CMS.gov logo, the user name 'Welcome Test User/CECRFA', and the application ID 'E0008' with a status of 'In Progress'. The navigation menu highlights 'Financial Experience'. The main content area is titled 'Section E - Financial Experience and Plan' and contains three questions (29, 30, and 31) regarding payment arrangements, prescription drug management, and Medicare-Medicaid cost containment. Each question has a text input field and an 'Upload File' button. At the bottom, there are three buttons: 'Save', 'Save And Continue', and 'Cancel'.

29. Please identify the payment arrangement that the Applicant EBCO is selecting in this application.

Non-LDO Track (1-sided)

30. Please explain how the applicant EBCO will provide high quality care to its beneficiaries while better managing prescription drug expenditures including Part D expenditures. Please include any plans the EBCO has partner with Part D plans while preserving beneficiary choice of Part D plans.

*Please provide a response in the textbox or upload supporting documentation.

earfyvearfvedrf

Document(s) Submitted by the ESCO

File Name Upload Date

< >

Upload File

31. Please explain how the EBCO intends to work toward Medicaid cost containment for the Medicare-Medicaid Enrollee (dual eligible) beneficiary population aligned to the EBCO.

*Please provide a response in the textbox or upload supporting documentation.

earfyvearf

Document(s) Submitted by the ESCO

File Name Upload Date

< >

Upload File

22. Please attach a narrative description of and justification for how any shared savings and losses will be distributed. The applicant EBCO should describe how savings/losses will be distributed among the proposed EBCO Participants. In the case of savings, please explain what percentage of funds will be provided directly to Participants and what percentage should be used towards infrastructure and care redesign investments. The Applicant EBCO should indicate how the distribution plan supports better health, better health care and lower costs.

*Please provide a response in the textbox or upload supporting documentation.

aeirfyvaerf

Document(s) Submitted by the ESCO

File Name Upload Date

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Upload File

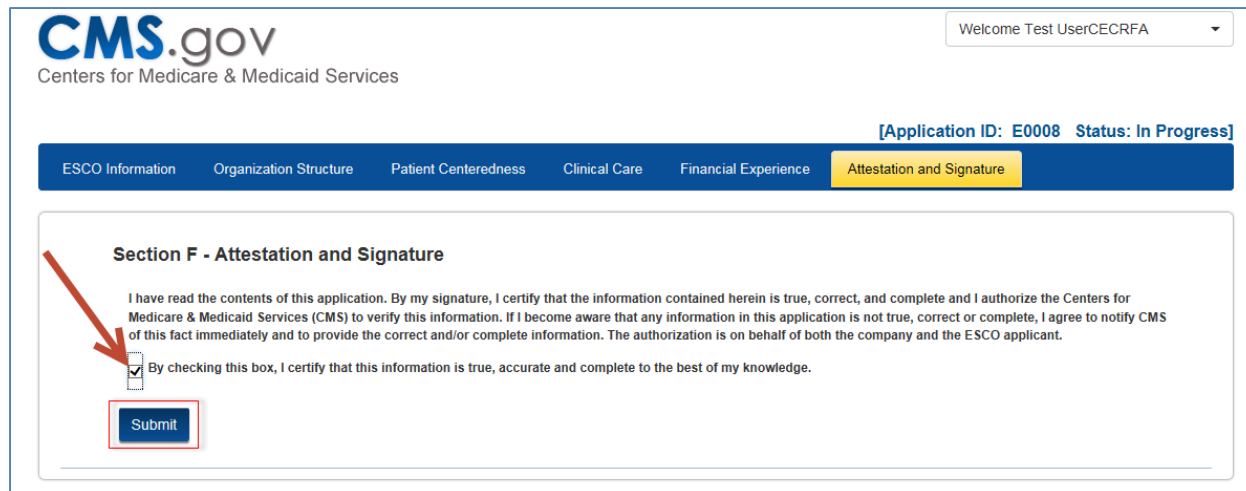
Save Save And Continue Cancel

CMS Commentary on Qs 21-36

- Questions are generally about different aspects of plan of care
- CMS wants to see that ESCOs have thought through these different aspects of care coordination including:
 - Medication management
 - Communication with providers
 - Health IT
 - Overall care improvement strategy
- **Q26** – Letter of support from State Medicaid Agency is optional
- **Q29** – EHR meaningful use is important to qualify for QPP bonuses
- **Q32** – Must include all relevant sanctions, investigations, probations, or corrective action plans for all potential participants and the Company
- **Q33** – LDOs must choose the two-sided financial risk track. Non-LDOs have the option of choosing one-sided or two-sided risk.

Attestation & Signature

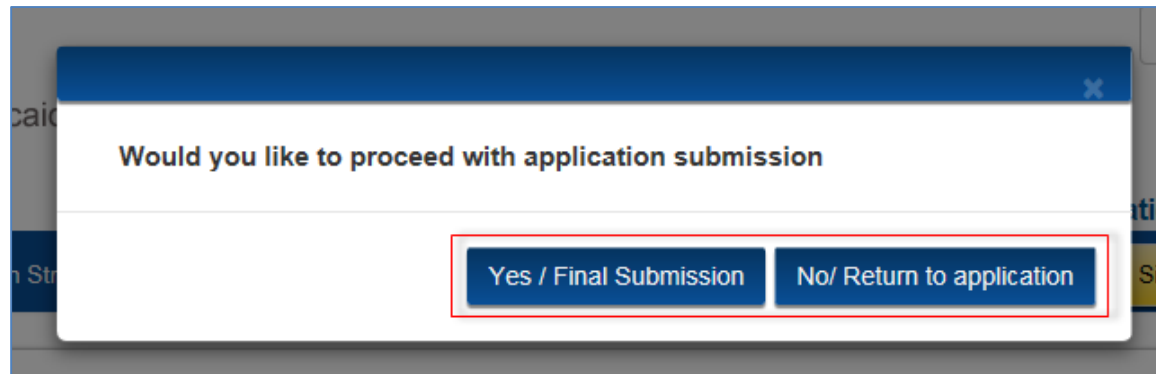
- To submit the application the user selects the checkbox certifying that the information within the application is true
- Selecting the checkbox will enable the **Submit** button



The screenshot displays the CMS.gov application interface. At the top left is the CMS.gov logo with the text "Centers for Medicare & Medicaid Services". At the top right, a user is logged in as "Welcome Test UserCECRFA". Below the header, a navigation bar shows the current step: "Attestation and Signature" (highlighted in yellow), with other steps like "ESCO Information", "Organization Structure", "Patient Centeredness", "Clinical Care", and "Financial Experience" visible. The main content area is titled "Section F - Attestation and Signature". It contains a paragraph of text: "I have read the contents of this application. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information. The authorization is on behalf of both the company and the ESCO applicant." Below this text is a checkbox that is checked, with the text "By checking this box, I certify that this information is true, accurate and complete to the best of my knowledge." A red arrow points to the checked checkbox. Below the checkbox is a "Submit" button, which is highlighted with a red box.

Submit the Application

- Upon selecting **Submit** a pop-up box will generate confirming that the user would like to submit the application
- Select the **Yes / Final Submission** button to submit the application or select **No / Return to Application** to return to the application



Validation Errors

- On selecting the **Yes / Final Submission** button, a *Validation Errors* box will appear if required questions were not answered

The screenshot displays the CMS.gov application interface. At the top, the CMS.gov logo and "Centers for Medicare & Medicaid Services" are visible. A user greeting "Welcome Test User/CECERFA" is in the top right. Below the header, the application ID "E0008" and status "In Progress" are shown. A navigation bar includes tabs for "ESCO Information", "Organization Structure", "Patient Centeredness", "Clinical Care", "Financial Experience", and "Attestation and Signature". The "Attestation and Signature" tab is active. A yellow box titled "Validation Errors:" contains a list of error messages with links to the relevant sections. Below this box is the "Section F - Attestation and Signature" section, which includes a declaration statement and a checkbox for certifying the information's accuracy. A "Submit" button is located at the bottom of the section.

Validation Errors:

Please use the links below to fix validation errors and then try to re-submit.

- [Tab: ESCO Information - Dialysis Medicare Initiatives is required.](#)
- [Tab: ESCO Information - Participant Medicare Initiatives is required.](#)
- [Tab: ESCO Information - Contact List is Invalid. At least One Primary, One Executive, One Company and One External contact are Required.](#)
- [Tab: ESCO Information - Participant List is Invalid. At least One Participant is Required.](#)
- [Tab: Organizational Structure - Please Enter Input Or Attach a file for proposed organizational chart.](#)
- [Tab: Organizational Structure - Please Enter at least one Governing Body.](#)
- [Tab: Patient Centeredness - Please Enter Input Or Attach a file for the plan for engaging with beneficiaries.](#)
- [Tab: Patient Centeredness - Please Enter Input Or Attach a file for mechanism for beneficiary outreach.](#)
- [Tab: Patient Centeredness - Please Enter Input Or Attach a file for the approach of beneficiary satisfaction.](#)
- [Tab: Clinical Care - Please Enter at least one Certification/Accreditation.](#)
- [Tab: Clinical Care - Please Enter at least one Investigation/Sanctions.](#)

Section F - Attestation and Signature

I have read the contents of this application. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information. The authorization is on behalf of both the company and the ESCO applicant.

By checking this box, I certify that this information is true, accurate and complete to the best of my knowledge.

Validation Errors

- Selecting each link will navigate the user to the question

*Click SAVE prior to navigating away

Section A - Applicant ESCO Information and Eligibility Requirements

1. Applicant ESCO Name

A. Applicant ESCO Name :

B. Company :

2. Contacts

At least one entry in one of the 4 categories under type is required for submission.

*Contact List is Invalid. At least One Primary, One Executive, One Company and One External contact are Required.

Type	Name	Business Phone	Ext	Email
No contacts to display				

3. Are any of the the Applicant ESCO's dialysis facilities currently participating in a Medicare shared savings initiative?

Yes

- After correcting all validation errors navigate back to the Attestation and Signature page to resubmit the application

Copy of Submitted Application: PDF

- Upon successfully submitting the application, a PDF copy of the application is generated for record keeping purposes

CMS.gov
Centers for Medicare & Medicaid Services

CEC RFA Application

Submission Date and Time : 4/11/2016 2:55 PM Eastern Time

Section A -ESCO Information

1. Applicant ESCO Name

A. Applicant ESCO Name :

B. Company :

2. Contacts

Type	Name	Business Phone	Ext	Email
Primary	Test Test	(888) 888-8888		test@test.org
Company	Test Test	(541) 984-5142		123test@test.test
Executive	Test Test	(989) 745-6151		test@123test.org
External	Test Test	(841) 561-2312		test@thisisatest.com

3. Are any of the the Applicant ESCO's dialysis facilities currently participating in a Medicare shared savings initiative?

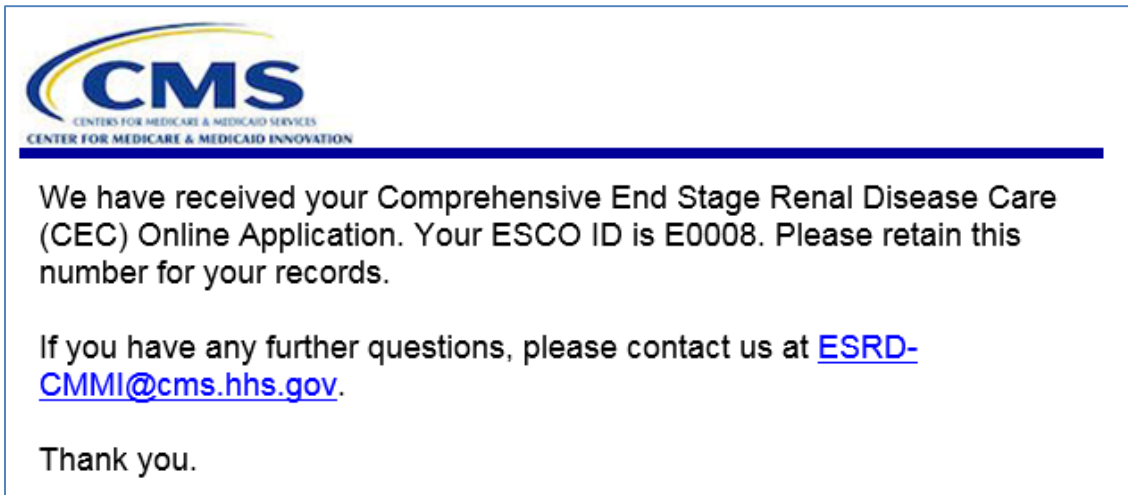
If YES, please choose all initiative(s) that apply :

If Other, Please Specify?

4. Are any of the the Applicant ESCO's proposed ESCO Participants, other than dialysis facilities, currently participating in a Medicare shared savings initiative?

Submission Confirmation Email

- Upon successfully submitting the application, a submission confirmation email is sent to the applicant



Application Status & Record

- After successfully submitting the application, the user is navigated to the home page within a few seconds
- Within the Existing Application table, the submitted application's status is changed to "Submitted", all sections within the application are changed to "Complete", and a **Download Submitted Application** link is available beneath the last application section

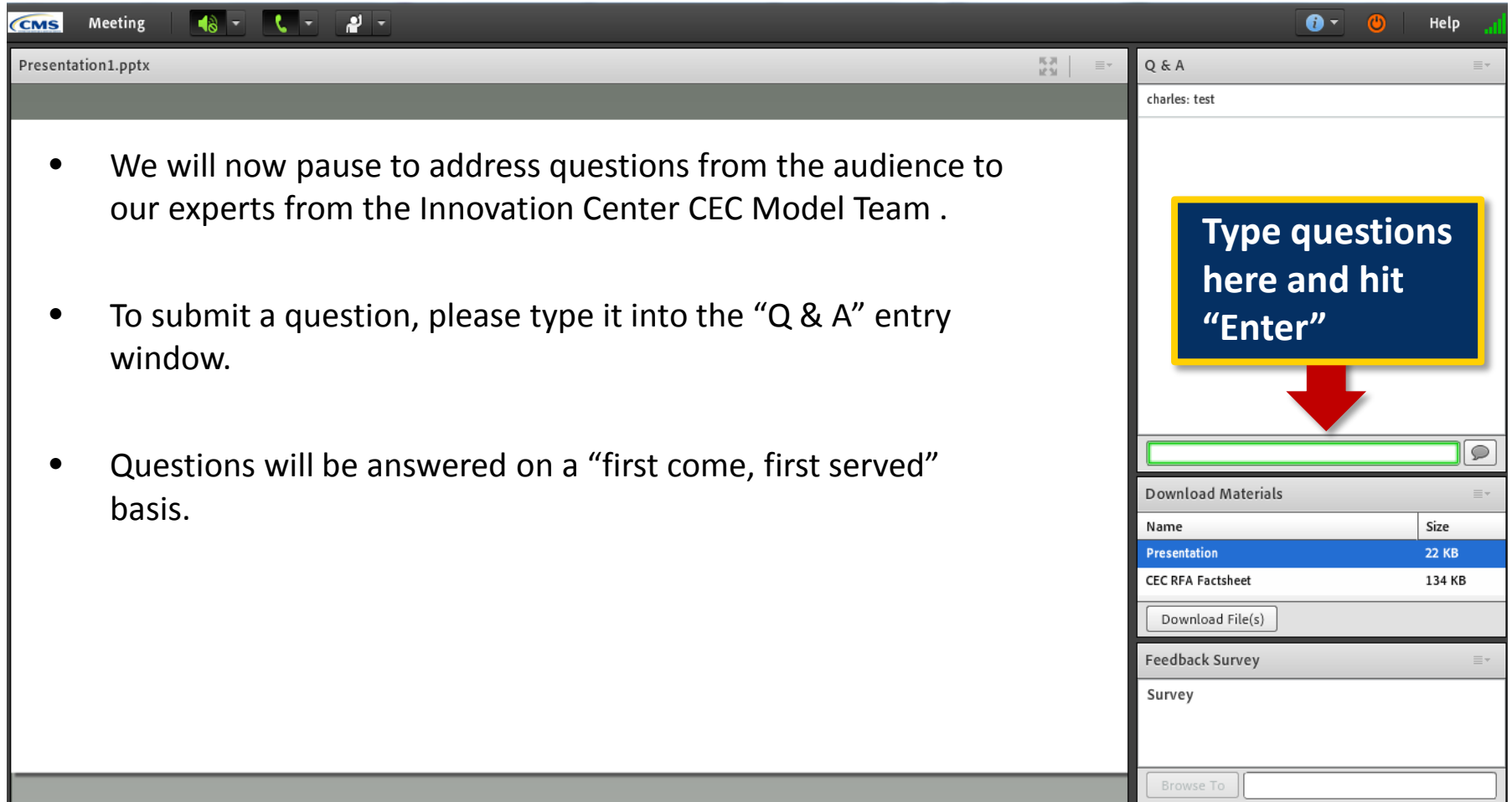
ESCO ID	Submission Status of Application
E0008	Submitted
ESCO Information	Complete
Organizational Structure	Complete
Patient Centeredness	Complete
Clinical Care	Complete
Financial Experience	Complete
Attestation and Signature	Complete
Download Submitted Application	

Additional Application Notes and Resources

Section 508 Disclaimer

- The CEC RFA Round 2 application and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired
- If you use assistive technologies to navigate and access information, please contact the CMMI Salesforce helpdesk at 1-888-734-6433, option 5 or email: CMMIForceSupport@cms.hhs.gov

CMMI Question & Answer Session



The screenshot displays a CMS Meeting window. The main area shows a presentation slide with three bullet points. On the right, a 'Q & A' panel is visible, containing a text input field with a red arrow pointing to it and a 'Download Materials' section with a table of files.

- We will now pause to address questions from the audience to our experts from the Innovation Center CEC Model Team .
- To submit a question, please type it into the “Q & A” entry window.
- Questions will be answered on a “first come, first served” basis.

Type questions here and hit “Enter”

Name	Size
Presentation	22 KB
CEC RFA Factsheet	134 KB

Key Dates

Solicitation Announced

- May 19, 2016

Request for Applications Due

- July 15, 2016

CMS notifies finalists of selection

- September 2016

New ESCOs will begin

- January 1, 2017



Application Process

- To access the RFA, applicants must email the potential ESCO name, along with the email and name of the main ESCO contact to ESRD-CMMI@cms.hhs.gov
- The RFA is also posted on the CEC Model website: <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>

Additional Resources

- **CEC Website:** <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>
 - Press Release
 - Fact Sheet
 - Full Request for Applications
 - PY 1 financial methodology
 - Quality methodology
- **Waivers for model participants:** <https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Fraud-and-Abuse-Waivers.html>

Upcoming Learning Events

- **Webinars:**
 - *Finance and Quality Methodologies*
June 29 (4-5 pm ET)
- **Office Hours: Application Questions & Support**
 - July 6 (1 – 2 pm ET)
 - July 12 (3 – 4 pm ET)
 - July 14 (12 – 1 pm ET)



* Registration links for the above webinars, as well as the link to connect to office hours during the above times will be emailed to the email address you used to register for this webinar or are available [here](#).

Next Steps:

Continue outreach to providers potentially interested in joining an ESCO.

Thank You for Participating in Today's Learning Event!

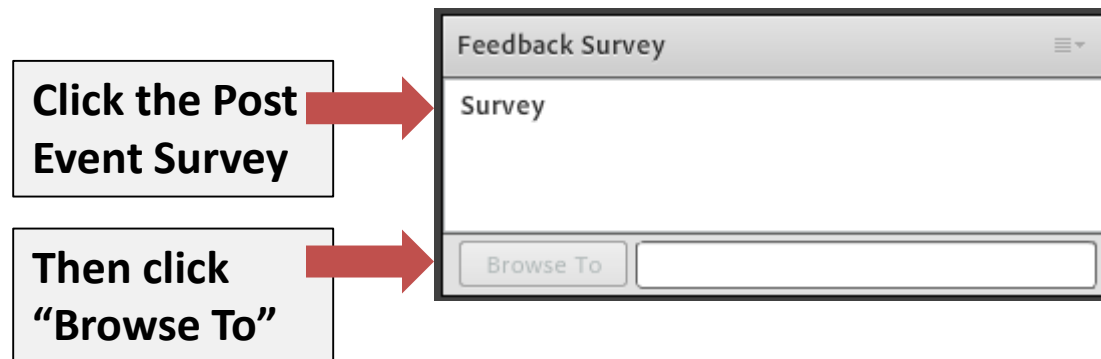
- The recording, transcript and slides from today's event will be available on the CMMI website: <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>
- Also visit the CEC model website to access model-specific details, including, recordings and slides from previous learning events, a copy of the updated RFA and the new RFA fact sheet

We appreciate your feedback on this webinar!

Please complete this brief survey: <https://www.surveymonkey.com/r/CECJun16>

Please Provide Your Feedback

- You can access the feedback by clicking on the pod that appears on your screen
- Your feedback is anonymous and helps us improve how we deliver learning events in the future



CEC Team Contact Information

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Improvement Advisor/Medical Officer

Tom Duvall, MBA
Operations Analyst

Emma Oppenheim, MPH
Social Science Research Analyst

For future questions pertaining to today's event or regarding the CEC model, please email: ESRD-CMMI@cms.hhs.gov. Thank you!