Consolidated Innovation Center Development and IT Management (CICDIM)



Comprehensive End Stage Renal Disease Care/ CEC

Request for Application (RFA) Round 2

User Manual

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1. Introduction

This user manual provides the information necessary for Comprehensive ESRD Care (CEC) Users to successfully utilize the features and functionality provided by the CEC Request for Application (RFA) Round 2 application. This user manual is specific to the functionality added in support of the CEC Request for Application (RFA) Round 2 effort.

2. Overview

The CEC Model was designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD). Through the CEC 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.

For additional information around the CEC Model, please visit: https://innovation.cms.gov/initiatives/comprehensive-ESRD-care/

2.1 Conventions

This document provides screen shots and corresponding narratives to describe how to use the functionality added in support of the CEC RFA Round 2 effort.

When an action is required on the part of the reader, it is indicated by a line beginning with the word "Action:" For example:

Action: Click on OK.

Note: The term 'user' is used throughout this document to refer to a person who requires and/or has acquired access to the CEC RFA Round 2 application.

2.1.1 Supported Browsers for Salesforce

Salesforce is supported by Microsoft® Internet Explorer® versions 9, 10, and 11 and Apple® Safari® versions 5.x, 6.x and 7.x on Mac OS X. The most recent stable versions of Mozilla® Firefox® and Google Chrome[™] are also supported. The following limitations apply. Please note that the Compatibility View feature in Internet Explorer isn't supported.

2.2 Cautions & Warnings

2.2.1 Application Access Time-out

The CEC RFA Round 2 application will close the application session if there is not application activity for more than 60 minutes by the user. Application activity includes clicking on any menus, performing record searches, navigating through the record set, etc.

3. Getting Started

3.1 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: <u>CMMIForceSupport@cms.hhs.gov</u>

3.2 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.

3.3 Accessing the System

Note: If you are a new user, you will need to request log-in credentials by following the steps contained within the CEC RFA-Help Desk Process found on the Innovation Center CEC Model page; <u>https://innovation.cms.gov/initiatives/comprehensive-ESRD-care/</u>

4. Using the System

The following sub-sections provide step-by-step instructions to direct the user through the log-in and password reset functionality of the CEC RFA Round 2 application.

4.1 Innovation Center Home Page – Comprehensive ESRD Care

NOTE – Site provides the CEC RFA-Help Desk Process and a PDF copy of the CEC Request for Application.

Prospective applicants are to follow the documented CEC RFA-Help Desk Process to request access to the CEC RFA.





4.2 Salesforce Comprehensive ESRD Care Model RFA Login

Prerequisite – Prospective applicants successfully complete the CEC RFA-Help Desk Process to request access to the CEC RFA. Prospective applicants are provided their Salesforce user id and password via an automated Salesforce email.

The user must select the link provided in the automated Salesforce email <u>https://cmsorg.force.com/CECRfa/</u> to access the Comprehensive ESRD Care Model RFA page.

The user enters their username and password in to the provided fields, and then selects the Login button.

-	
CMS.gov Centers for Medicare & Medicaid Services	
	Comprehensive ESRD Care RFA Model Login
	•
	Username Email Resourced
	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 and storage media attached to this network or to a computer on the	includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices is network. This information system is provided for U.S. Government-authorized use only.
Unauthorized or improper use of this system may result in discipli	nary action, as well as civil and criminal penalties.
By using this information system, you understand and consent to You have no reasonable expectation of privacy regarding any cor the government may monitor, intercept, and search and seize any	the following: nmunication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, 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.

Figure 2: Comprehensive ESRD Care Model RFA Login

4.3 Passwords

4.3.1 Criteria for Creating a New Password

- 1. A password must be a minimum of eight characters and must be alphanumeric to meet system security requirements.
- 2. The password is case sensitive. Check the Caps Lock key when creating and entering your password.

Notes: A user will be locked out of the system after three invalid login attempts within a 30-minute period.

The password expires every 60 days and must be changed prior to expiration to avoid a system lockout. The user will be notified by e-mail five days before password expiration.

4.3.2 If You Forgot Your Password

- 1. 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. The Salesforce Password Reset Request page will display.
- 2. Enter your user name in the User Name field and select "Continue." You will receive an email with your new password.

Note: For additional assistance, please email <u>CMMIForceSupport@cms.hhs.gov</u> or call 1-888-734-6433.

4.4 For Additional Assistance

For any further assistance regarding any issues or if the users have any questions about the Comprehensive ESRD Care Model, please contact the Help Desk at:

1-888-734-6433, Option 5

Hours of Operation: 8:30 am – 6:00 pm Eastern Time Zone, Monday through Friday, except Federal Holidays.

Users who call outside of hours of operation have the option to leave a voicemail message. Calls will be returned on the next business day.

Alternatively, users may send emails to ESRD-CMMI@cms.hhs.gov.

5. CEC RFA Round 2 Home Screen

1. After a user successfully enters their user name, password and log-in, they are navigated to the CEC RFA Round 2 home screen. This page will provide the user with all the resources and links necessary to complete/submit an application successfully.



Figure 3: CEC RFA Round 2 home screen

5.1 User Actions

The dropdown box in the upper right corner of the page allows the user to navigate to Home (current page), change the login password, and logout from any page in the application.



Figure 4: User Actions

5.1.1 Change Password

To change the existing password, select the *Change Password* link. Then enter the required fields below and select *Change Password*.



Figure 5: Change Password

5.2 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



Figure 6: Helpful Links

5.3 Start 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.

NOTE - Upon a user starting an application for a given ESCO, that ESCO is removed from the "Please Select an ESCO" pop-up window. When an application has been started for all ESCOs associated with user the *Start New CEC Application* button will be removed.

		Comprehensive ESRO / Lest Login: 04/26/201	Cere Model Page 16 01:51 PM EDT
Important to note before selection and prior to to Owners, and ESCO P Participation Agreemen Questions about the sp	e outlining the requirements lasted below is that applicants to the a finalization of the CECE Model Participation Agreement. ECE outlining the participation of the participation and it, selected applicants must have 100% of their Participants late getration should be directed ECECL-CAMAGEment As agr.	CEC Model will not be expected to have their legal entity formed until after applications should locked to 100% of their proposed Participant Owners. Particle and CMIS-wetted. Etcl Application	er application sticipant Non- e CEC Model
	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	
		Incomplete	
	Organizational Structure	incompiete	
	Organizational Structure Patient Conteredness	Incomplete	

Figure 7: Start New Application



Figure 8: Available ESCOs Associated with User

5.4 Returning to Existing Application

This area of the home page provides access to the following sections for each <u>started</u> application:

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

Select the section name under the specified application to navigate to that area of the application.

NOTE – The sections within an application initially start out with a status of "Incomplete" and then moved to a status of "Complete" once all questions within that section are successfully answered and the RFA is saved.

CMS.gov			Welcome Test UserCECRFA
Centers for Medicare & Medicaid Se	rvices		
Welcome to the Comprehe	ensive End Stage Re	nal Disease Care Model	
Important to note before outlining the require selection and prior to the finalization of the C Owners, and ESCO Providers/Suppliers in th Participation Agreement, selected applicants Questions about the application should be d	ements listed below is that applice ECE Model Participation Agreeme he application. ESCO Participants a must have 100% of their Particip irected ESRD-CMM/gens hhs op	Anis to the CEC Model will not be expected to have their leg int. ESCO applicants should include 100% of their proposed s will not be able to be added after application submission. P ants identified and CMS-vetted.	Helpful Links Glossar/Kev 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
	_		
	St	art New CEC Application	
E	SCO ID	art New CEC Application Submission Status of Application	1
E	SCO ID E0008 ESCO Information	art New CEC Application Submission Status of Application In Progress Incomplete	n
E	SCO ID E0008 ESCO Information Organizational Structure	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete	n
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Incomplete Incomplete	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Care	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Experience	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Incomplete Incomplete Complete	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Experience Financial Experience Attestation and Signature	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Incomplete Complete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Experience Attestation and Signature E0009	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Incomplete Complete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete In Progress	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Experience Attestation and Signature E0009 ESCO Information	art New CEC Application Submission Status of Application In Progress Incomplete Incomple	
	SCO ID E0008 ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Excertence Attestation and Signature ESCO Information Organizational Structure	art New CEC Application Submission Status of Application In Progress Incomplete Incompl	
	SCO ID ECOUR ECOUR ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Experience Attestation and Signature ECOUP ESCO Information Organizational Structure Patient Centeredness	art New CEC Application Submission Status of Application In Progress Incomplete Incompl	
	SCO ID ECOUS ECOUS ECOUS ECOUS Encol Information Organizational Structure Patient Centeredness Clinical Care Elinancial Experience Attestation and Signature ECOUS ECO Information Organizational Structure Patient Centeredness Clinical Care	art New CEC Application Submission Status of Application In Progress Incomplete Incompl	
	SCO ID EVOUS ECOUS ESCO Information Organizational Structure Patient Centeredness Clinical Care Financial Experience Attestation and Signature ESCO Information Organizational Structure Patient Centeredness Clinical Care Clinical Care Financial Experience	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Complete Incomplete Incomplet	
	SCO ID EVUIS EVUIS ESCO Information Organizational Structure Patient Centeredness Cinical Care Financial Experience Attestation and Signature ESCO Information Organizational Structure Patient Centeredness Cinical Care Financial Experience Attestation and Signature	art New CEC Application Submission Status of Application In Progress Incomplete Incomplete Complete Incomplete Incomplet	

Figure 9: Existing Applications

5.4.1 Application Statuses

A CEC RFA application can have the following status:

Table 1: CEC RFA application statuses

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.

6. Application Navigation

NOTE:

- Users may experience slow page load times when selecting the button that trigger popup pages, i.e. "Add Participant". Please allow for 4-5 seconds for the page to load. If not loaded after 5 seconds, select to the Close the popup and select the button again.
- Before navigating to another page, remember to Save your progress by selecting the "Save" or "Save and Continue" button at the bottom of the page.

Once an application is started, the user will be taken to the ESCO Information Page. Please use the following tools to navigate the application:

- A navigation bar at the top of the page that can be selected to navigate to the selected page (the current tab is highlighted yellow)
- Buttons at the bottom of the page:
 - **Save** Saves the current state of the fields within the application and stays on the current page
 - Save and Continue Saves the current state of the fields within the application and navigates to the next page
 - **Cancel** Removes all input information since the user last saved

NOTE - The Application ID and Status of the application are displayed above the navigation bar for reference

CMS.	GOV care & Medicaid Servi	ces			Welcome Test I	JserCECRFA -
					[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		

Figure 10: Navigation Bar

Participant Name Status CBSA Medicare Provider/Supplier Type TIN CCN NPI No Participants to display			Add Participant			
No Participants to display Save Save And Continue Cancel	Participant Name Status	CBSA	Medicare Provider/Supplier Type	TIN	CCN	NPI
Save Save And Continue Cancel			No Participants to display			
		Save	Save And Continue Cancel			



7. 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.

CMS.	dov				Welcome Test UserCECRFA
nters for Med	licare & Medicaid Service	25			
ESCO Information	Organization Structure Patient C	enteredness Clinical Care	Financial Experience	Attestation and Signature	[Application ID: E0009 Status: In Progre
		*Click SA	VE prior to paviga	ting away	
Section	A - Applicant ESCO Int	formation and Fligib	ility Requiremen	its	
1.	. Applicant ESCO Name		inty requirement		
	A. Applicant ESCO Name :	Test ESCO Name			
	B. Company :	Test Company Name			
2.	. Contacts				
			Add Contact		
	At	least one entry in one of th	e 4 categories unde	r type is required for s	submission.
	Type Name	Dus	iness Phone	Ext Email	
	Company john smith	(4	0) 555-5555	smin@si.com	Edit Delete
3.	Are any of the Applicant ESC Yes If YES, please choose all init Available Comprehensive Primary Care Initiative Independence at Home Med Practice Medicare Health Care Quality Demo F Multi-payer Adved Prim Care Practo Physician Core Practo Erronsion Dem Medicare Shared Savings Program	CO's dialysis facilities curre iative(s) that apply : Demo rgms mo on	ntly participating in a Mgmt for High-Cost Bene De er ACO Model Beneration ACO Model	mo	vings initiative?
4.	If Other, Please Specify?	CO's proposed ESCO Part	cipants, other than c	lialysis facilities, curre	ently participating in a Medicare shared

Figure 12: ESCO Information

7.1 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.	
Туре	Name Business Phone Ext Email	
	No contacts to display	

Figure 13: Adding Contacts

	Last Name
Title	Organization
Туре	Email
Business Phone	Business Phone Ext (optional)
emographic Information	
emographic Information Street Address 1	Street Address 2 (optional)
emographic Information Street Address 1 City	Street Address 2 (optional) State
Emographic Information Street Address 1 City Zip Code	Street Address 2 (optional) State Zip Code Ext (optional)

Figure 14: Adding Contacts Pop—up

7.2 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. PI Ri Ei	ease complete the following equest For Applications App SCO Participants will also be nly opportunity to include Pa	table with inf endix B for d e required to rticipants for t	formation al efinitions of provide con their ESCO	bout all of the Applicant ESCO's proposed ESCO F Participant Owners, Participant Non-Owners, and tact information for their proposed participants. Th	Participant Providers is will be e	s. Please /Suppliers ach ESC	refer to the s. Proposed O Applican	e d it's
	Participant Name	Status	CBSA	Medicare Provider/Supplier Type	TIN	CCN	NPI	
				No Participants to display				
			Save	Save And Continue Cancel				

Figure 15: Adding Participants

NOTE - 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 "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.

Participant Information	1 () () () () () () () () () (
Participant Name 🕑	Medicare Provider/Supplier Type
Provider/Supplier First Name	Participant Type
Provider/Supplier Last Name 🕑	
Demographic Information	
Street Address Line 1	Street Address Line 2 (optional)
City State	County 2 Zip Code (optional)
CBSA	
Identifiers	
CMS Certification Number (CCN)	National Provider Number (NPI) Participant TIN
	Save Close

Figure 16: Adding Participants Pop—up

8. 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.

MO	.gov				Welcome 1	Test UserCECRFA
rs for Me	edicare & Medicaid Servio	ces				
					[Application ID: E0	0008 Status: In Pr
CO Informatio	on Organization Structure	Patient Centeredness	Clinical Care	Financial Experience	Attestation and Signature	
		*Click	SAVE prior to	navigating away		
Sectio	on B - Organization Stru	cture, Leadership I	Management,	Governance Struc	ture	
10.	Please provide a proposed organ Participants), and relevant comm	nizational chart for the Appli nittees	cant ESCO. It shou	uld depict the legal structure	, the composition of the ESCO(i.	e, all of the ESCO
	WEFAWEA					
		ſ	Document(s) Su	bmitted by the ESCO		
	File Name			Uploa	d Date	
	<					>
			Upload File			
11.	Please provide a narrative descri current discussions between or a include a description of how the making processes and resources	ption of any past collaborat mong the ESCO participan proposed ESCO Participant s necessary to achieve goal	ion among the prop ts about further acc s will work togethe s of the Model.	posed ESCO Participants, in quisitions of or collaboration r in future to achieve the goa	ncluding previous experience wo s with one or more other ESCO F als of this Model, including details	rking together, and Participants. Also s such as decision-
		[Document(s) Su	bmitted by the ESCO		
	File Name			Uploa	d Date	
	<					>
12.	Please complete the table below to: key executives, finance, clinic stewardship of clinical data. If sp individual will be identified. Pleas	with information specific to al improvement, compliance ecific individuals have not y e also include a brief descri	the Applicant ESC e officers, informati et been identified, j ption of the respor	O's proposed leadership tee on systems leadership, and please note that in the Nam sibilities associated with the	am. The leadership team may inc. the individual responsible for ma e column and provide an anticipa at role.	lude, but is not limited sintenance and sted date by which the
	Name	ESCO Leaders Position/Role	hip Team	Responsibilities	Action	
	AAA	AAA		AAA	Edit Delete	0
	AAA K	AAA		AAA	Edit Delete	\$
	AAA	AAA	lew Team Membe	AAA	Edit Delete	>
13.	AAA <	AAA nation of why the Applicant Participants, achieve the go	lew Team Membe ESCO wishes to pr als of better care fo	AAA r articipate in the CEC Model r Medicare beneficiaries wit	Edit Delete and how participation in the Mod th ESRD(2 pages).	Nel will help CMS, and
13.	AAA C Please provide a narrative explain the applicant ESCO's proposed if ARFAEAe	AAA nation of why the Applicant Participants, achieve the go	lew Team Membe ESCO wishes to p als of better care fo	AAA articipate in the CEC Model or Medicare beneficiaries wit	Edit Delete and how participation in the Mod th ESRD(2 pages).	el will help CMS, and
13.	AAA Please provide a narrative explain the applicant ESCO's proposed f ARFAEAe	AAA nation of why the Applicant Participants, achieve the go	lew Team Membe ESCO wishes to pi als of better care fo	AAA articipate in the CEC Model tr Medicare beneficiaries wit	Edit Delete and how participation in the Mod th ESRD(2 pages).	Iel will help CMS, and
13.	AAA C Please provide a narrative explait the applicant ESCO's proposed I ARFAEAe	AAA nation of why the Applicant Participants, achieve the go	ew Team Membe ESCO wishes to pr als of better care fo Document(s) Su	AAA riticipate in the CEC Model r Medicare beneficiaries with bmitted by the ESCO	Edit Delete and how participation in the Mod th ESRD(2 pages).	Iel will help CMS, and
13.	AAA Please provide a narrative explain the applicant ESCO's proposed i ARFAEAe File Name	AAA nation of why the Applicant articipants, achieve the go	lew Team Membe ESCO wishes to pr als of better care fo Document(s) Su	AAA rticipate in the CEC Model r Medicare beneficiaries with bmitted by the ESCO Uploar	Edit Delete and how participation in the Mod th ESRD(2 pages).	Iel will help CMS, and

Figure 17: Organization Structure

8.1 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. The new member will populate the table under question 12. Selecting **Close** inside the pop-up will navigate the user back to the Organization Structure page.

stewardship of clinical d individual will be identifie	ata. If specific individuals have not yet been identifie ed. Please also include a brief description of the res	ed, please note that in the Name col ponsibilities associated with that role	umn and provide an anticipated dat e.	te by which the
Name	ESCO Leadership Team Position/Role	Responsibilities	Action	
AAA	AAA	AAA	Edit Delete	(
<				>

Figure 18: New Team Member

Name		
ESCO Leadership		
Team Position/Role		
Responsibilities	Č.	

Figure 19: New Team Member Pop-up

8.2 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. The new governing body will populate the table under question 14. Selecting *Close* inside the pop-up will navigate the user back to the Organization Structure page.

14.	Please con	nplete the table below with the information	specific to the Applicant E	SCO's proposed governing	body:	
	Name	Position in the ESCOs 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			

Figure 20: New Governing Body

Governing Body		
2		
ion in the ESCO's rning Body		
) Participant being 2sented (Please enter f not applicable)		
) Participant Status Owner, Non-Owner)		
g Power (% of total)		
g Power (% of total)		Save

Figure 21: New Governing Body Pop-up

9. 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.

S.gov					Welcome Test U	IserCECR
Medicare & Medicaid Ser	vices					
				[Applica	ation ID: E0008	Status
tion Organization Structure	Patient Centeredness	Clinical Care	Financial Experience	Attestation and	l Signature	
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Figure 22: Patient Centeredness

10. 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.

NOTE - For questions 25 and 26, only input whole numbers.

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Figure 23: Clinical Care

10.1 New Certification/Accreditation

Selecting the **New Certification/Accreditation** button under question 27 will generate a popup. Complete the information and select **Save** to add the certification or accreditation. The certification or accreditation will populate the table under question 27. Selecting **Close** inside the pop-up navigate the user back to the Clinical Care page.

	ESCO Provider/Supplier OR			
ESCO Participant	Department Receiving Certification/Accredititation	Accreditating Body	Certification/Accreditation	
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Figure 24: New Certification/Accreditation

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Figure 25: New Certification/Accreditation Pop-up

10.2 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 the new investigation or sanction. The investigation or sanction will populate the table under question 28. Selecting *Close* inside the pop-up will navigate the user back to the Clinical Care page.

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Figure 27: New Investigation/Sanctions Pop-up

11. 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.

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Figure 28: Financial Experience

12. Attestation and 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.

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Figure 29: Attestation and Signature

13. 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.

On selecting the **Yes / Final Submission** button, the system will run error validations to ensure all questions have been fully answered.

- If the validations fail, go to step 14.
- If the validations pass, go to step 15.

NOTE - No changes can be made after the application is submitted.

NOTE - After successfully submitting the application, a PDF copy of the application is generated.

	×		١
Jait	Would you like to proceed with application submission	1Ť	io
ו Str	Yes / Final Submission No/ Return to application	S	lig
		ł	

Figure 30: Submission Confirmation Pop-up

14. Validation Errors

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

		and the second			[Application ID	E0008 Status. In Prog
CO Information	Organization Structure	Patient Centeredness	Clinical Care	Financial Experience	Attestation and Signature	0
lidation Errors	-					
Nease use the	links below to fix validation	errors and then try to re-	submit.			
Tab: ESCO In Tab: ESCO In	formation - Dialysis Medicare	Initiatives is required.				
- Tab: ESCO In	formation - Contact List is Inv	alid. At least One Primary. C	One Executive, One	Company and One Extern	al contact are Required	
Tab: ESCO In Tab: Organiza	formation - Participant List is ational Structure - Please Entr	Invalid. At least One Particip or Input Or Attach a file for p	ant is Required, roposed organizate	unal chart.		
- Tab: Organiz:	ational Structure - Please Ente	er at least one Governing Bo	dy.			
Tab: Patient (Centeredness - Please Enter I	nput Or Attach a file for mec	hanism for benefic	ary outreach.		
Tab: Patient Clinical (Care - Please Enter I Care - Please Enter at least o	nput Or Attach a file for the ne Cetification/Accredation.	approach of benefit	iary satisfaction.		
Tab Clinical (Care - Please Enter at least or	ne Investigation/Sanctions,				
Section	F - Attestation and S	ignature				
Section	F - Attestation and S	ignature on. By my signature, I certify	that the information	contained herein is true, co	rrect, and complete and I aut	horize the Centers for
Section	F - Attestation and S id the contents of this applicati & Medicaid Services (CMS) to 1 immediately and to provide t	ignature on. By my signature, I certify verify this information. If I be he correct and/or complete in	that the information come aware that any formation. The auth	contained herein is true, co information in this applicat orization is on behalf of both	rrect, and complete and I aut on is not true, correct or con the company and the ESCO	horize the Centers for nplete, I agree to notify CMS applicant.

Figure 31: Validation Errors Box

Selecting each link will navigate the user to the question.





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

15. Copy of Submitted Application

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

uomission Date		1001 C 0. 55 TO 5 T			
	and Time : 4/11	/2010 2:55 PM Eas	tern Time	•	
Section A -ES	SCO Informat	tion			
. Applicant ESC	O Name				
A. Applicant E	SCO Name :		Test App	licant E	SCO Org
B. Company :			Company	7	
. Contacts					
-	27	D. C. V.D.		F (P 1
Туре	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
Yes TYES, please ch	oose all initiative	(s) that apply :	les current	iy partic	раше п а менсаге знаген зауш
Intependence		cuce Demo, e acc			
f Other, Please S	pecify?				
Track					



15.1 Submission Confirmation Email

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



Figure 34: Submission Confirmation Email

15.2 Application Status and Record

After successfully submitting the application, the user is navigated to the home page. 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 link that provides a PDF copy of the application to the user for their records.

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	

Figure 35: Application Status and Record

Appendix A: Record of Changes

Table 2: Record of	Changes
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Version Number	Date	Author/Owner	Description of Change
1.0	05/04/2016	SF Team	Initial Version
2.0	05/11/2016	SF Team	Updated per feedback from CEC Program Team.
2.1	06/13/2016	SF Team	Updated to make 508 complaint

Appendix B: Acronyms

Table 3: Acronyms

Acronym	Literal Translation
CICDIM	Consolidated Innovation Center Development and IT Management
CEC	Comprehensive End Stage Renal Disease Care
ESCO	ESRD Seamless Care Organization
ESRD	End-Stage Renal Disease
PO	Project Officer
RFA	Request for Application
XLC	eXpedited Life Cycle

Appendix C: Approvals

The undersigned acknowledge that they have reviewed the User Manual and agree with the information presented within this document. Changes to this User Manual will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature:	Date:
Print Name:	
Title:	
Role:	
Signature:	Date:
Print Name:	
Title:	
Role:	
Signature:	Date:
Print Name:	
Title:	
Role:	