



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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Version 2.1

06/13/2016

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# 1. Introduction

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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:

[CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)

### 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; <https://innovation.cms.gov/initiatives/comprehensive-ESRD-care/>

## 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.

Home | About CMS | Newsroom Center | FAQs | Archive | Share | Help | Print

Learn about your healthcare options  Search

**CMS.gov**  
Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance **Innovation Center** Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Innovation Center Home > Innovation Models > Comprehensive ESRD Care

### Comprehensive ESRD Care Model [Share](#)

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.

Select anywhere on the map below to view the interactive version

Source: Centers for Medicare & Medicaid Services

There are 13 ESRD Seamless Care Organizations (ESCOs) participating in the Comprehensive ESRD Care Model. ([List](#))

[Read more](#)

#### Model Summary

**Stage:** Announced  
**Number of Participants:** 13  
**Category:** Accountable Care  
**Authority:** Section 3021 of the Affordable Care Act

#### Milestones & Updates

**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.

**Feb 12, 2013**  
 Updated: Additional Frequently Asked Questions (FAQs) for Applicants posted

**Feb 06, 2013**  
 Updated: Frequently Asked Questions (FAQs) for Applicants posted

Figure 1: Innovation Center Home Page - CEC

## 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 <https://cmsorg.force.com/CECRfa/> 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

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.

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 [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) 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](mailto: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.

**Welcome to the Comprehensive End Stage Renal Disease Care Model**

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](mailto:ESRD-CMMI@cms.hhs.gov).

**Start New CEC Application**

ESCO ID	Submission Status of Application
E0008	In Progress
<a href="#">ESCO Information</a>	Incomplete
<a href="#">Organizational Structure</a>	Incomplete
<a href="#">Patient Centeredness</a>	Incomplete
<a href="#">Clinical Care</a>	Incomplete
<a href="#">Financial Experience</a>	Complete
<a href="#">Attestation and Signature</a>	Incomplete
E0009	In Progress
<a href="#">ESCO Information</a>	Incomplete
<a href="#">Organizational Structure</a>	Incomplete
<a href="#">Patient Centeredness</a>	Incomplete
<a href="#">Clinical Care</a>	Incomplete
<a href="#">Financial Experience</a>	Incomplete
<a href="#">Attestation and Signature</a>	Incomplete

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.

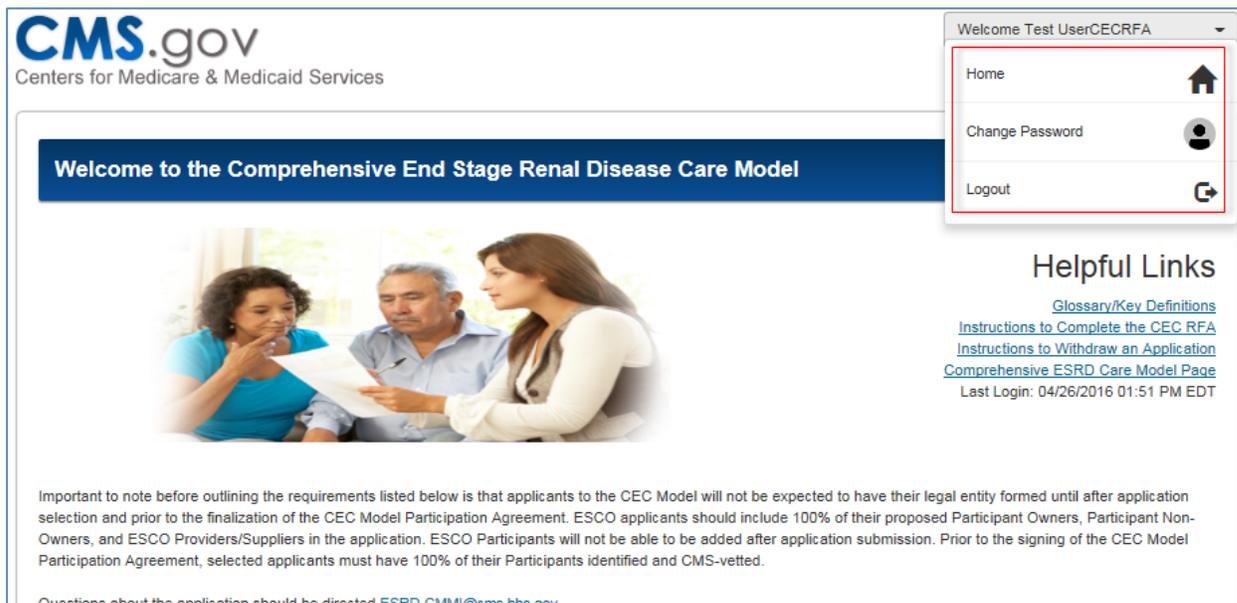


Figure 4: User Actions

### 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**.

 The screenshot shows the "CECRfa Portal Change Password" form. It features a user profile icon at the top. Below the icon are three input fields: "Old Password", "New Password", and "Verify New Password". Each field is outlined with a red border. At the bottom of the form is a blue "Change Password" button. Below the button, there is a security notice: "Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe."

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



The screenshot shows the CMS.gov website interface. At the top left is the CMS.gov logo with the tagline 'Centers for Medicare & Medicaid Services'. At the top right, there is a user login area that says 'Welcome Test UserCECRFA'. Below the header is a blue banner that reads 'Welcome to the Comprehensive End Stage Renal Disease Care Model'. Underneath the banner is a photograph of three people (two women and one man) looking at a document together. To the right of the photo is a red arrow pointing to a box titled 'Helpful Links'. This box contains three blue hyperlinks: 'Glossary/Key Definitions', 'Instructions to Complete the CEC RFA', and 'Instructions to Withdraw an Application'. Below these links is the text 'Comprehensive ESRD Care Model Page' and 'Last Login: 04/26/2016 01:51 PM EDT'. Below the photo and links, there is a paragraph of text providing important notes for applicants.

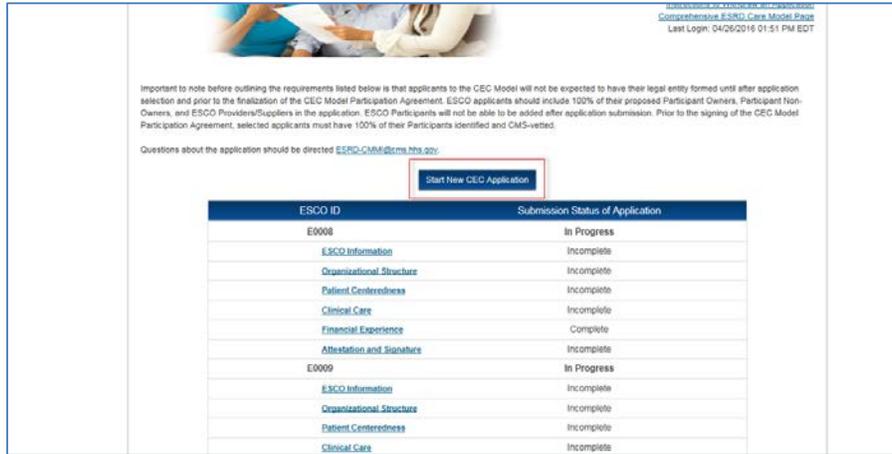
**Important to note before outlining the requirements listed below is that applicants to the CEC Model will not be expected to have their legal entity formed until after application selection and prior to the finalization of the CEC Model Participation Agreement. ESCO applicants should include 100% of 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.**

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.



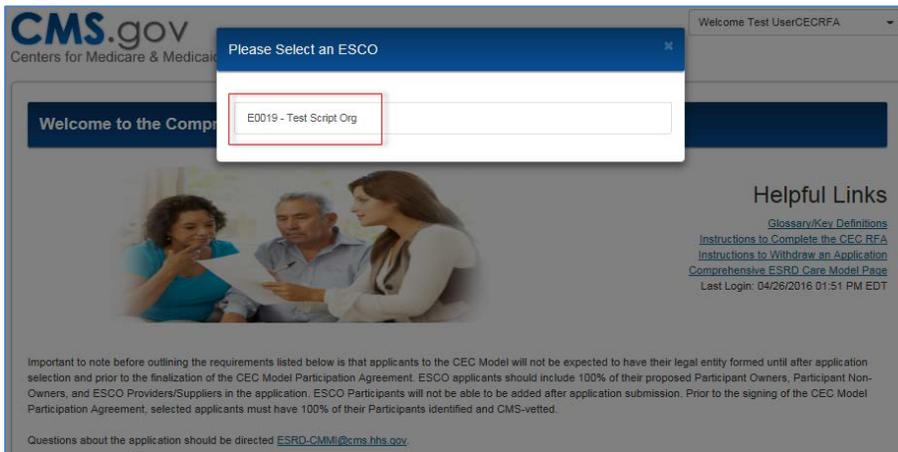
Important to note before outlining the requirements listed below is that applicants to the CEC Model will not be expected to have their legal entity formed until after application selection and prior to the finalization of the CEC Model Participation Agreement. ESCO applicants should include 100% of 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](mailto:ESRD-CMMI@cms.hhs.gov).

[Start New CEC Application](#)

ESCO ID	Submission Status of Application
E0008	In Progress
<a href="#">ESCO Information</a>	Incomplete
<a href="#">Organizational Structure</a>	Incomplete
<a href="#">Patient Centeredness</a>	Incomplete
<a href="#">Clinical Care</a>	Incomplete
<a href="#">Financial Experience</a>	Complete
<a href="#">Attestation and Signature</a>	Incomplete
E0009	In Progress
<a href="#">ESCO Information</a>	Incomplete
<a href="#">Organizational Structure</a>	Incomplete
<a href="#">Patient Centeredness</a>	Incomplete
<a href="#">Clinical Care</a>	Incomplete

Figure 7: Start New Application



Welcome Test UserCECERFA

Please Select an ESCO

E0019 - Test Script Org

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](mailto:ESRD-CMMI@cms.hhs.gov).

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 started 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.

The screenshot shows the CMS.gov website interface. At the top left is the CMS.gov logo with the tagline 'Centers for Medicare & Medicaid Services'. At the top right, there is a user greeting: 'Welcome Test UserCECERFA'. Below the header is a blue banner with the text 'Welcome to the Comprehensive End Stage Renal Disease Care Model'. To the right of the banner is a 'Helpful Links' section with several 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'. In the center, there is an image of three people (two women and one man) looking at a document. Below the image is a paragraph of important information regarding the CEC Model requirements. Below that is a link for questions: 'ESRD-CMMI@cms.hhs.gov'. A blue button labeled 'Start New CEC Application' is positioned above a table. The table has two columns: 'ESCO ID' and 'Submission Status of Application'. It lists two applications, E0008 and E0009, both with a status of 'In Progress'. Under each application ID, there are six rows representing different sections: 'ESCO Information', 'Organizational Structure', 'Patient Centeredness', 'Clinical Care', 'Financial Experience', and 'Attestation and Signature'. The completion status for each section is shown in the right column of the table.

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

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	<p>Status is applied once all questions have been successfully answered, any errors have been resolved, and the user certifies and submits their application.</p> <p>Once successfully submitted an additional row is displayed in the Existing Application table that provides a PDF copy of the submitted application.</p>

## 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

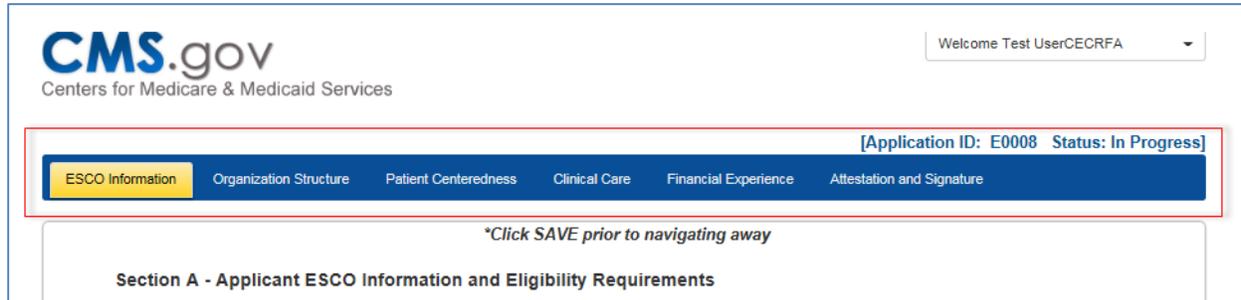


Figure 10: Navigation Bar

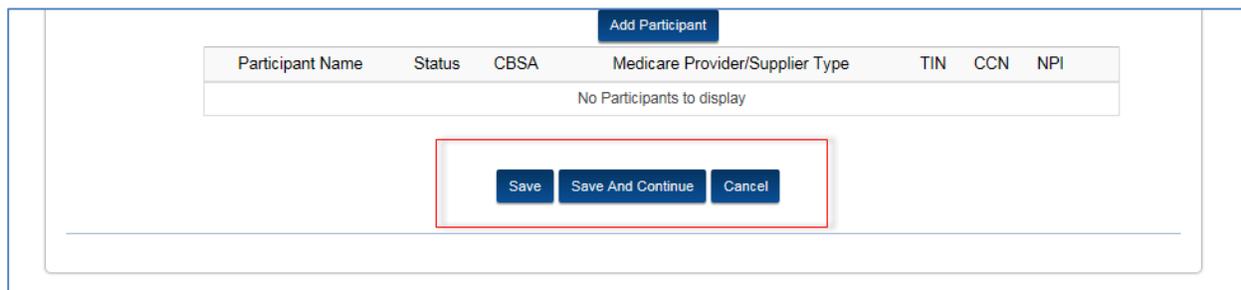


Figure 11: Save/Continue/Cancel Buttons

## 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.

Welcome Test UserCECRFA

[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?

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

Available	Chosen
Comprehensive Primary Care Initiative	Care Mgmt for High-Cost Bene Demo
Independence at Home Med Practice Demo	Pioneer ACO Model
Medicare Health Care Quality Demo Prgrms	Next Generation ACO Model
Multi-payer Advcd Prim Care Pract Demo	Other
Physician Grp Practice Transition Demon	
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?

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.

Type	Name	Business Phone	Ext	Email
No contacts to display				

Figure 13: Adding Contacts

**Contact Information**

First Name

Last Name

Title

Organization

Type

Email

Business Phone

Business Phone Ext (optional)

---

**Demographic Information**

Street Address 1

Street Address 2 (optional)

City

State

Zip Code

Zip Code Ext (optional)

**Save** **Close**

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. 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](#)

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**

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 ?

Zip Code (optional)  
 -

CBSA

---

**Identifiers**

CMS Certification Number (CCN)

National Provider Number (NPI)

Participant TIN

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.



Centers for Medicare & Medicaid Services

Welcome Test UserCECRFA

[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(i.e., all of the ESCO Participants), 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 Participants, including previous experience working together, and current discussions between or among the ESCO participants about further acquisitions of or collaborations with one or more other ESCO Participants. Also include a description of how the proposed ESCO Participants 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	<a href="#">Edit</a> <a href="#">Delete</a>
<			>

[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 Participants, achieve the goals of better care for Medicare beneficiaries with ESRD(2 pages).

ARFAEaE

Document(s) Submitted by the ESCO

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

[Upload File](#)

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.

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**

Figure 18: New Team Member

**New Leadership Team** ✕

**Name**

**ESCO Leadership Team Position/Role**

**Responsibilities**

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 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)
<input type="button" value="New Governing Body"/>				

Figure 20: 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)**

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.

The screenshot displays the CMS.gov interface for the Patient Centeredness section. At the top, the CMS.gov logo and 'Centers for Medicare & Medicaid Services' are visible. A user dropdown menu shows 'Welcome Test User/CECERFA'. A navigation bar includes tabs for 'EBDO Information', 'Organization Structure', 'Patient Centeredness' (highlighted), 'Clinical Care', 'Financial Experience', and 'Attestation and Signature'. An application ID and status are shown as '[Application ID: E0008 Status: In Progress]'. A warning message states '\*Click SAVE prior to navigating away\*'. The main content area is titled 'Section C - Patient Centeredness' and contains three questions:

- 17.** Please provide a narrative description of the Applicant EBDO'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.
- 18.** Please describe the existing or planned mechanisms that the Applicant EBDO will use to conduct the beneficiary outreach.
 \*Please provide a response in the textbox or upload supporting documentation.
- 19.** Please describe the Applicant EBDO's existing or planned approach for evaluating beneficiary satisfaction in addition to CMS required beneficiary surveys and how the EBDO intends to use such information to improve its care management and coordination processes.
 \*Please provide a response in the textbox or upload supporting documentation.

Each question is followed by a text input field and an 'Upload File' button. Below each input field is a table for 'Document(s) Submitted by the ESDO' with columns for 'File Name' and 'Upload Date'. At the bottom of the form, there are three buttons: 'Save', 'Save And Continue', and 'Cancel'.

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.

The screenshot displays the CMS.gov application interface for the Clinical Care section. The top navigation bar includes tabs for ESCO Information, Organization Structure, Patient Centeredness, Clinical Care (selected), Financial Experience, and Attestation and Signature. The application ID is E0019 and the status is In Progress. A warning message states: "Click SAVE prior to navigating away".

**Section D - Clinical Care Model: Implementation Plan, Care Coordination and Care for Vulnerable Populations**

20. Please describe the Applicant ESCO's plan to achieve better health, better healthcare and lower costs through integrated and coordinated care interventions. Please address the following in your narrative:

- A. The Applicant ESCO's use of interdisciplinary care teams to coordinate care for patients with multiple chronic conditions
- B. The Applicant ESCO's methods and processes to coordinate care throughout an episode of care and during care transitions, such as discharge from the hospital or transfer of care from a dialysis facility to primary care providers and/or specialists (both inside and outside the ESCO)
- C. The Applicant ESCO's use of health information technology
- D. The Applicant ESCO's strategies for improving beneficiary access to care
- E. The Applicant ESCO's development and use of population health management tools
- F. Please describe the Applicant ESCO's plan to incorporate medication management into its care coordination approach and
- G. Additional specific care interventions and tools.

Please provide a response in the text box or upload supporting documentation.

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

Upload File

21. Please describe the Applicant ESCO's plan to incorporate mental/behavioral health and social services into the comprehensive care management of ESCO beneficiaries. Please describe the Applicant ESCO's previous experience and/or plans to work with state Medicaid Agencies to coordinate benefits of Medicare-Medicaid Enrollees (dual eligibles).

Please provide a response in the text box or upload supporting documentation.

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

22. 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.

23. 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.

Source	Percentage
Medicare Fee For Service	
Medicare Advantage	
Commercial Insurance	
Medicaid	
Self Pay	
Other	

24. 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

25. 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 performance and measurement 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

Figure 23: Clinical Care

## 10.1 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. 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.

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"/>			

Figure 24: New Certification/Accreditation

Certification/Accreditation Information

ESCO Participant

ESCO Provider/Supplier or  
Department Receiving  
Certification/Accreditation

Accrediting Body

Certification/Accreditation

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.

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**

Figure 26: New Investigation/Sanctions

**Investigation/Sanctions** ✕

ESCO Participant

ESCO 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**

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.

Welcome Test User/CECERFA

[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 E - Financial Experience and Plan**

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

Non-LDO Track (1-sided)

30. Please explain how the applicant ESCO will provide high quality care to its beneficiaries while better managing prescription drug expenditures including Part D expenditures. Please include any plans the ESCO 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.*

earfgvedrf

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

[Upload File](#)

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

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

earfgvedrf

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

[Upload File](#)

32. Please attach a narrative description of and justification for how any shared savings and losses will be distributed. The applicant ESCO should describe how savings/losses will be distributed among the proposed ESCO 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 ESCO 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.*

aeerfgvaerf

Document(s) Submitted by the ESCO

File Name	Upload Date
<	>

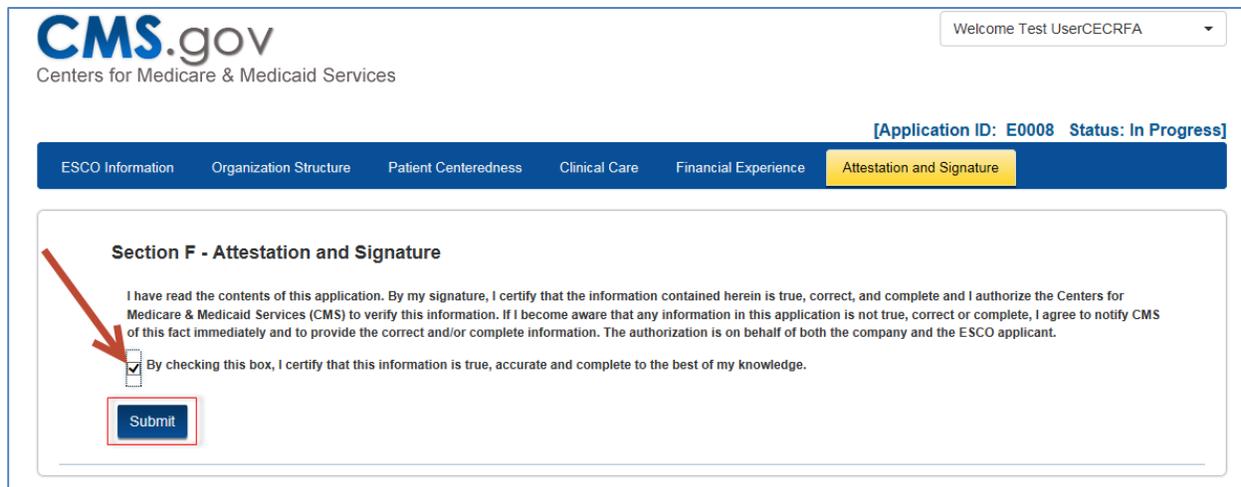
[Upload File](#)

[Save](#)   [Save And Continue](#)   [Cancel](#)

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.



The screenshot displays the CMS.gov application interface. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". At the top right, a dropdown menu shows "Welcome Test UserCECRFA". Below this is a navigation bar with several tabs: "ESCO Information", "Organization Structure", "Patient Centeredness", "Clinical Care", "Financial Experience", and "Attestation and Signature" (which is highlighted in yellow). Above the "Attestation and Signature" tab, the text "[Application ID: E0008 Status: In Progress]" is 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 blue "Submit" button.

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.

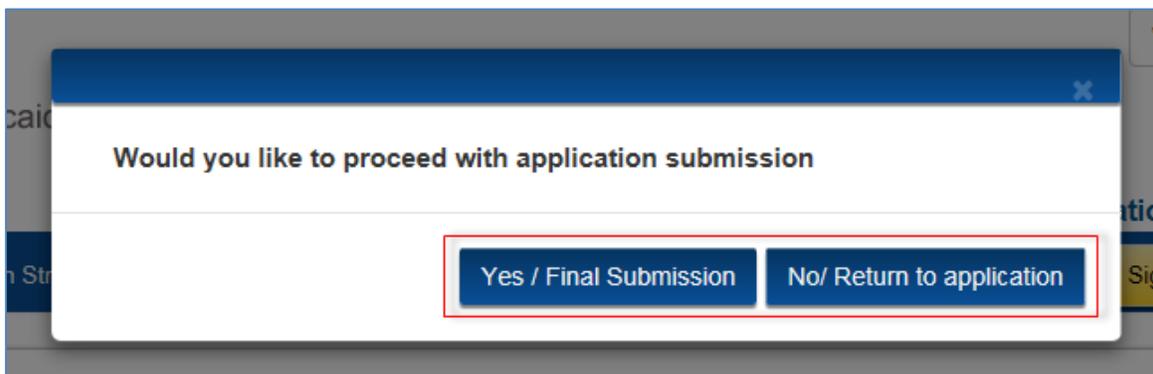


Figure 30: Submission Confirmation Pop-up

## 14. Validation Errors

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

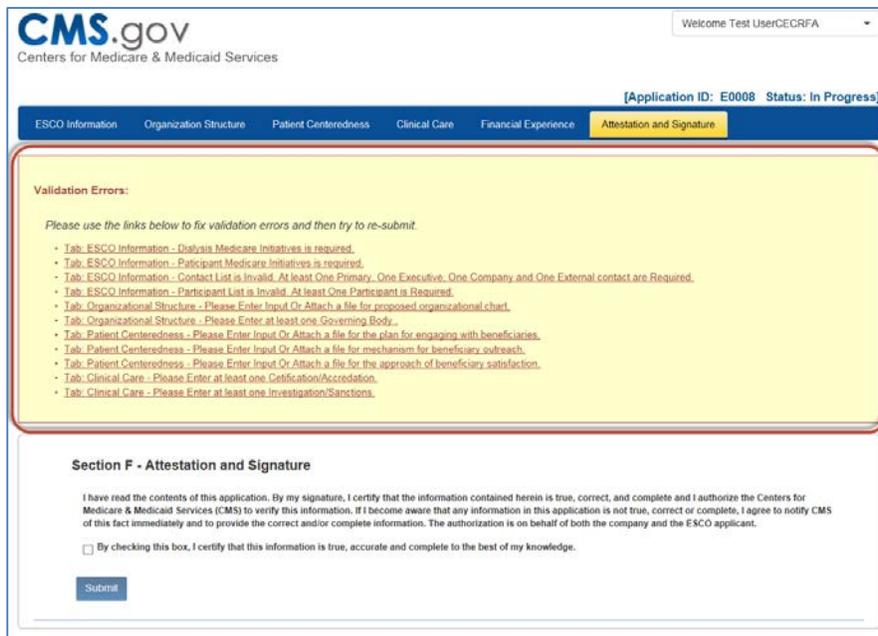


Figure 31: Validation Errors Box

Selecting each link will navigate the user to the question.

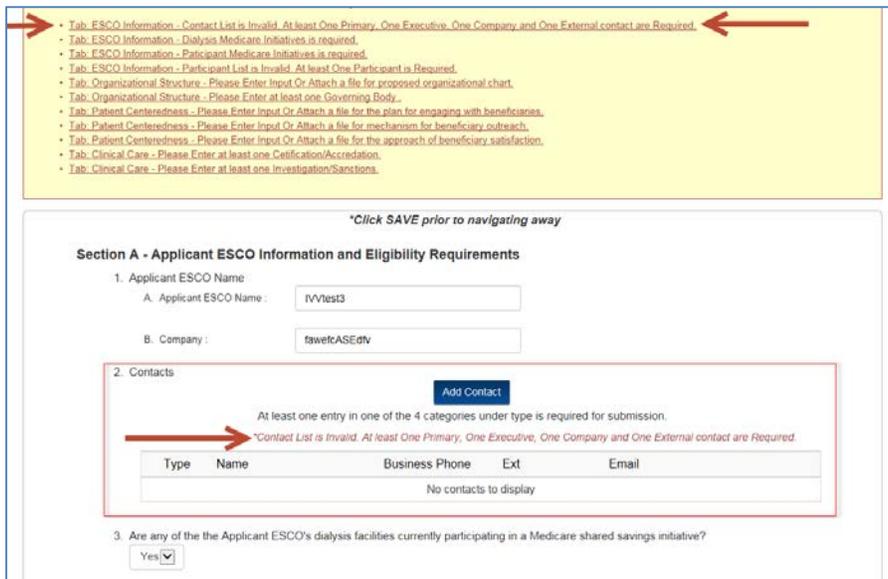


Figure 32: Fixing Validation Errors

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.



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?**

Figure 33: PDF Copy of Submitted Application

## 15.1 Submission Confirmation Email

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

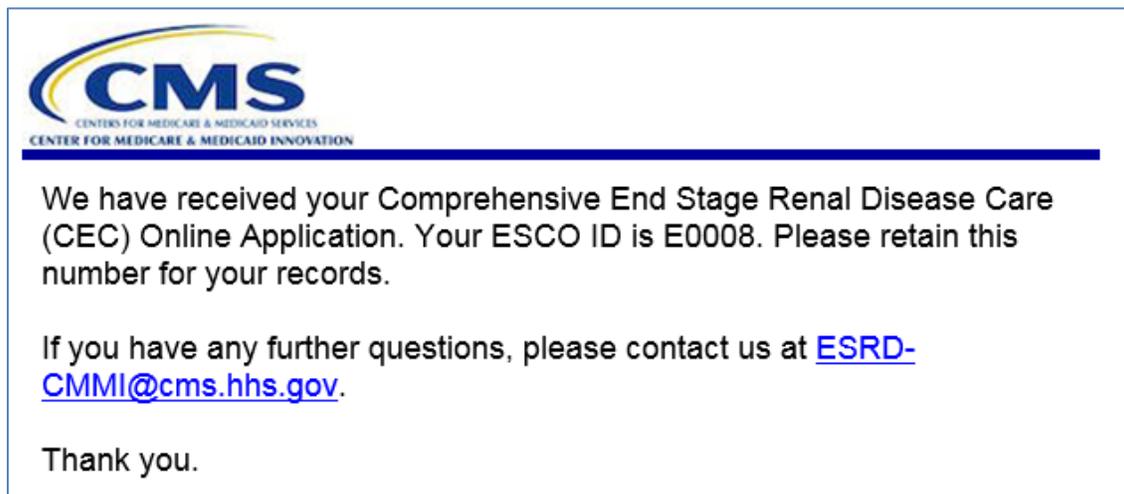


Figure 34: Submission Confirmation Email

## 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
<a href="#">ESCO Information</a>	Complete
<a href="#">Organizational Structure</a>	Complete
<a href="#">Patient Centeredness</a>	Complete
<a href="#">Clinical Care</a>	Complete
<a href="#">Financial Experience</a>	Complete
<a href="#">Attestation and Signature</a>	Complete
<a href="#">Download Submitted Application</a>	

Figure 35: Application Status and Record

## Appendix A: Record of Changes

Table 2: Record of Changes

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
<b>CICDIM</b>	Consolidated Innovation Center Development and IT Management
<b>CEC</b>	Comprehensive End Stage Renal Disease Care
<b>ESCO</b>	ESRD Seamless Care Organization
<b>ESRD</b>	End-Stage Renal Disease
<b>PO</b>	Project Officer
<b>RFA</b>	Request for Application
<b>XLC</b>	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: \_\_\_\_\_