

Centers for Medicare and Medicaid Innovation (CMMI) Comprehensive ESRD Care (CEC) Model
Transcript of Learning Event: RFA and the Application
June 16, 2016

Jennifer: Hello everyone and thank you for joining us today. I would like to welcome each of you to today's learning event titled RFA and the Application. My name is Jennifer Brock, and I will be moderating today's learning event. Today's learning event provides the information necessary for CEC prospective applicants to successfully utilize the features and functionality provided as part of the Round Two CEC RFA. During today's event, presenters will walk through the CEC application. They will provide suggestions for submission of a quality application, and highlight additional application resources. Today's event is open to dialysis facilities including large dialysis organizations, or LDOs, and non-large dialysis organizations, or non-LDOs, Nephrologists, and all other clinical and non-clinical ESRD care stakeholders interested in learning about the second solicitation for the CEC model.

I would like to inform everyone on this call that all comments made on this call are offered only for general information and educational purposes only. As always, the agency's position on matters may be subject to change. CMS's comments are not offered as, and do not constitute legal advice, or legal opinion. No statement made on this call will preclude the agency and or it's law enforcement partners from enforcing any and all applicable laws, rules, and regulations. ACO's 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 only. CMS is not seeking group advice.

Before we get started, I would like to point out a few tips so we can have a successful learning event. First, we are recording this event. All attendee phone lines have been placed in a listen only mode. The recording from today's event will be emailed to registered attendees following the event. It can also be accessed by the Innovation Center Comprehensive ESRD Care Model webpage within two weeks following the event today. Second, attendees are encouraged to submit any questions they might have in to the Q , A pod to the right of your webinar screen during the event or the Q , A period that follows our presentation. We will address questions entered into the chat to our presenters, prioritizing those questions that relate specifically to today's presentation.

However, if we are not able to address questions today, attendees are encouraged to email any questions not addressed to ESRD-CMMI@cms.hhs.gov following today's event. If you happen to have any technical questions, or need assistance with technical issues during the event, please submit a question to Charles Glock, who is our producers for today's event. Charles will be extremely happy to help you. Additionally a PDF copy of the slides for today's presentation, along with a copy of our RFA fact sheet can be accessed by clicking on the links under the download presentation pod located on the right-hand side of your screen.

Lastly, we greatly appreciate any feedback you have on today's learning event. A survey pod is available on your screen at the bottom right throughout the event for you to complete. If you happen to leave early, please don't forget to fill it out. This survey takes less than two minutes to complete and is anonymous. Okay, so let's get started. I would like to begin today's event by conducting a brief poll to get a sense of our audience joining us today. Charles would you please open the poll.

Charles: The poll is now open. As you can see on the screen, you're going to click on the title that best describes you under question one, and then click on the number of people currently in the room that are viewing today's event with you under question two. For question three tell us if you'll be the one to complete and submit the application for your organization. This gives you a little bit of time to complete this poll.

Jennifer: Great, it looks like we have a very diverse audience on the phone with us today. All right, I'm just going to give thirty seconds more for participants to complete the poll. All right, well welcome to our Nephrologists, and our dialysis company employees, and we're very excited to hear that we have a good perspective from our potential model applicants on the phone. We're now closing the poll for voting, and let's move into the meeting room for the rest of the presentation. All right, so let's welcome today's first speaker Tom Duvall, who is an operations analyst at CMMI. Tom I'd now like to turn the presentation over to you.

Tom: Thanks. Hi everybody. Welcome to today's webinar. What we're going to do today, today's going to be a little bit different than some of our other webinars. Our real goal here is to go over the application in detail, to talk about how to use the system that we have setup that our software developers ActioNet setup, as well as really interspersing about what CMS is really looking for with some of these answers. I think our goal here is that this is going to be a good technical walkthrough as well as a chance for you all to ask any preliminary questions you may have about how to fill out the application and really what CMS is thinking. I think we're very excited to walkthrough this with you, and I'm going to pass it off to Matt from ActioNet.

Matt: Hi there. This is Matt Canada. I'm the ITPM on the ActioNet team. I've worked with Tom and his crew to develop the CEC RFA Round Two Salesforce Application. I'm going to be walking you through the actual RFA material today. Here we are on slide nine. This is just a high level overview of what we'll be going through. We're going to talk through how do you use the system, some key things to get you started, and then each of the sections within the actual RFA. I think quite a few of you have already successfully done this, but for the folks that haven't, before you start your application you need to register for a user ID and a password. To do that, you send your first and last name of the primary contact, the email address, and the names of the ESCO, or ESCOs that the contact will be completing the application for to ESRD-CMMI@cms.hhs.gov. Once you've done that your request for your application will be routed through the approval process, and you should get your username and password within seven to ten business days. A friendly reminder, the application deadline is July 15th, 2016.

Also, while you are within the Sales Force Application please remember that the minimum screen resolution is eight hundred by six hundred. Please disable your popups. We do recommend Internet Explorer to be used while you're completing your application. The application will work on Safari, Chrome, and Firefox, but we do recommend IE, and please use version nine or higher. Getting started, here we have an example of the Innovation Center CEC homepage.

This is where you can go to find helpful information and you're able to download the user manual, the actual RFA PDF, and other helpful information located at the bottom of the screen. Using the hyperlink that you received in your welcome email, in the address there, listed under the first bullet, you navigate to the Salesforce login screen where you enter your username and password that you received. Please note that the temporary password that you initially received is only active for twenty-four hours. We do recommend that you change that as soon as possible.

Also we are asking folks to check their spam email folder. Some of those emails do get captured in there. Please be on the lookout for that if you haven't seen your email come back within that seven to ten day period. A quick note about the Salesforce passwords, they are a minimum of eight alphanumeric characters, and it is case sensitive. Within the application you do have the ability to have your password reset, but please note that you are only able to reset your password once in a

twenty-four hour period, per CMS security rules. If you do ever have any issues with your password, at the bottom of the screen please email CMMIforcesupport@cms.hhs.gov, or call the help desk at 888-734-6433.

Here we have the CEC RFA homepage. I just want to draw your attention to the top right-hand corner as we have received at least one question about how do you log-out of the system. It's located under the welcome, and that would actually show your name, and the log-out would be the third option there. You're also able to always return to the home and go through the change password functionality. A quick note about logging out, you can always just close your browser, and that does terminate your session.

There is no loss of data if you do that as long as you have saved, and we will talk about saving in a few minutes. Looking down through the rest of the home screen, on the second arrow pointing to helpful links, I just want to call out that here CMS has provided four links. The first one is to the glossary and key definitions where you are able to review those if you have any questions. You are able to download the instructions for the CEC RFA, you are able to download the instructions to withdraw an application.

Once you have successfully submitted your RFA application, if you would like to withdraw it, the instructions on how to do that are located under that hyperlink. The fourth link we show you there is the Innovation Center CEC model homepage. Within the body of the page we do have a start new CEC application button, and we're going to talk about that in a minute, but first I wanted to touch on the table you see at the bottom. This table displays the active applications that you have started, or successfully completed.

It will show you your ESCO ID, beneath that indented you will see the hyperlinks of the various sections of the RFA, and this allows you to navigate directly to the section that you would like to review, or continue your work on. The second column you see there is the submission status. In bold you see the status of the application. In this case we have in progress. You also see incomplete statuses for the various sections. This is where you're able to see the detail of if the application is incomplete or completed.

We're going to go ahead in the demo and actually click on the start new CEC application button. Oh, sorry, change password, got ahead of myself. Start a new application button. One quick note about this is while you are registering, you are being asked to provide the ESCO or ESCOs that you are going to complete the applications for. If you click the start new button and you only see one, that is because you have registered to complete the application for only ESCO. If you have selected to complete it for multiple, you will see each one of those listed there. Please note, once you start the application for that ESCO, that ESCO will be removed from this popup. If I go back one screen, it shows me that I started applications for these two ESCOs, and I have one more ESCO remaining that I'm able to start an application for. Once you have started applications for all of your ESCOs, this button will be disabled.

Upon selecting the ESCO that you are here to complete the application for, you're always able to navigate back to the homepage. We will talk about the save, save and continue, and cancel buttons, but at the top, like I had mentioned, you do have the home button. This always allows you to come back here, and as I mentioned, the highlighted hyperlinks down in the body in the red boxes do allow you to jump directly to the section or sections that you would like to continue. You don't have to

navigate through the entire RFA each time. We talked about the application statuses. In here on page twenty-two we just have a little more detail. The RFA application can be in progress, and this notes that you have started it, it can be in a withdrawn status, in that you have submitted your official request to the CMS PO, and they have approved your request to withdraw your application.

We also have submitted, this is the status once all the questions have been successfully answered, errors resolved, and the user has certified and submits the application. Please note that we do provide you with a PDF copy of your submitted application right there on that home screen for each of your ESCOs you've submitted an application for. We're going to talk a little bit more about that in a minute. Navigation through the application. We have two different ways you can navigate. We have the blue bar at the top, which contains the key sections of the RFA and you're able to navigate between them by clicking on the links.

Please note that the ESCO information tab in this example is where we're currently located, and it is highlighted in yellow. At the bottom of each page you will see three buttons. You will see save, save and continue, and cancel. The save button does the current information you entered on the page, but it remains you on that page. Save and continue saves the information that you've entered, and navigates the user to the next page, and cancel deletes the information that you've entered on that page.

To get started, here on page twenty-four we're getting into the first real page of the RFA application. One of the things I want to draw your eye to is we have a variety of types of questions listed out on this page. We have general textboxes, we have tables, and in this case we have add contact. I'm going to talk to that in a minute. Question three though is important to notice. Here the user has selected yes, and upon doing that, the system has generated, if yes, please select the options that apply. You're able to pick from the list on the left, and move them into the list on the right. In this example, the user has selected other, and in that case, if other, please specify. Box has appeared. Please, as you continue through the application, you're going to see questions of a variety, so please ensure that you are answering all of them.

To talk a little bit more about the add contact, I did want to highlight under that add contact button we do have the notes as located in the instruction manual that at least one entry in one of the four categories under type is required for submission. Here we have the add contact popup. Once I click the add contact button, this is the popup that will display. You see there, in the third field on the left the type drop down. You are required to select at least one of the four items. Once you've filled out the required field, and please note that we do have three optional fields on this popup, and they're indicated with the parentheses and the word optional. You're able to select the save button, which will return you to the contacts page, and you will see that listed there, under that table. For information on questions one through twelve, I'm going to turn it back to Tom Duvall.

Tom: Thank you Matt. What our goal here is with this is that this will serve as a good introduction to you all for the application and the utility, and get you starting to think about how you're going to fill out the applications, and how some of these things work. At the same time I want this to serve as a reference for you all, that you can download these slides and look at them as you're actually filling out the application, and we'll also have the webinar, and the recording, and the transcript of this posted on our website probably within the next week. As a side note, all the information for webinars one and two are also posted with the slides, and the recordings, and the transcripts in case you have people who missed those, or may want to reference something from there.

I think from the CMS side, there's a few different things that I want to point out about some of these early questions that's important for you to think about. One of the key ones is the difference between the ESCO and the company. This is a little bit complicated, but relates to the legal structure that we came up with for this model. It's based around dialysis facilities, and Nephrologists, and other providers coming together to form an ESCO. The ESCO is that separate new legal entity that is formed for the CEC model that is separate from any of the individual participants. It is owned by the participant owners, but it is separate. That's the new legal entity that you all would have to create to participate in this model. Separate from that then is the company, and the idea there is that the company is the corporate entity that owns all of the dialysis facilities in the model, in whole or in part.

The idea is that this is a broad concept that helps take into account joint ventures, and allows joint ventures dialysis facilities to be in the model, and allows CMS to hold the single corporate entity both responsible for being in the model, and allowing the corporate entity to do some funding, and some other services that are outlined in the waiver documents. As a result, we are going to ultimately need the participation agreement signed by those representing the ESCO and those representing the company who owns the dialysis facilities. As you're thinking about this, I would try to think about who would be the company in this instance, that larger corporate entity, whether it's a hospital or an integrated care chain that owns all of the relevant dialysis facilities for their model, or a medium size, or a large sized dialysis organization. If you think about collecting those contacts now, because you're going to need that as part of the application, and ultimately need it for signing for the model.

I think the other key things that we wanted to emphasize for these early questions is that we're definitely interested in what your past and current experience has been with other CMS coordinated care initiatives. There's obviously a lot of different initiatives going on in CMS right now. Part of what we're going to look at is just what is your experience with it, and what your experience has been. We also just need to know some basic information of your proposed legal status. The ESCO is going to be this new corporate entity, but it doesn't have to exist yet.

It will have to exist by the time you sign your participation agreement, which is going to be in December, but it doesn't have to exist yet. We want to know what your general strategy is going to be for incorporation. Another key item in there is the proposed agreements, because the ESCO's going to need to sign agreements with all of the participants in the model. That means each dialysis facility, each doctor you have on the official participant list is going to sign a separate contract with the ESCO, with that legal entity. That's a pretty important document for us to look at, and this, again, does not have to be your final one. Your final one will have to be signed again in December, but it's important right now.

We also got a question about how do we respond if the company completing the application is not the owner of the dialysis facility, but is a management services organization? I think that's one where that's fine, and you can just let us know that somebody else is completing the application. That's more for our information and understanding who the correct contact people are if we have any questions or clarifications. Again, the application doesn't need to be filled out by the dialysis facilities, by a Nephrologist, or by the company, but I think we just want to know, and we ask an explicit question about who is filling out the application. Thanks. Matt?

Matt: Okay. To continue, I did want to highlight on question nine, that this is, and Tom mentioned, this is where you are able to enter in all of your proposed ESCO participants, and list them out here. To start

this process you select the add participant button. Which brings up the add participant information page. On here you do see next to participant name, first name, supplier last name, and also next to county you see the black circle with the question mark in it. You're going to see this throughout your application. If you hover over that, it provides you key information to help you be successful in completing that field. As we go through the application I'm going to call the remainder of those out.

Two things to note as you're filling this page out is that if the participant is an organization, please populate the participant name field, and then enter N/A in the provider/supplier first name and provider/supplier last name fields. If the participant is an individual provider, please populate the provider/supplier first name, and provider/supplier last name fields, and also enter N/A in the participant name field. Once you've successfully completed all of the fields you select the save button down at the bottom. Oh, sorry, got ahead of myself.

Two other notes, the CBSA field is an automatic field that is populated based on your selection of state and county. If your county is not listed, please select the not listed/unknown option at the very bottom. Also the CCM field is conditionally required based upon your selection up in the top right-hand corner under provider/supplier type field. Based upon selection of dialysis facility that is not part of a LDO chain, or selecting dialysis facility that is part of a large dialysis organization, LDO chain. It is not required for any of the other selections under that provider/supplier type field. I'm going to turn it back to Tom for some commentary on question thirteen.

Tom: Great. This is one of the most important, and one of the most complicated questions in the application. This is your participant list, and based off of the dialysis facilities and the providers that you put down in your application here, this is your one chance at being able to add participants for year one of the model. Based off of the dialysis facilities that you put down here, that's going to determine what beneficiaries you're responsible for, what your cost will be, and then for your other providers that will determine who will be able to receive shared savings and access to waivers. This is a very important question, and it's very important to include any potential providers that you are thinking about working with. Putting somebody down here does not imply that you have a signed agreement with them. In fact, it's probably too early to have a signed agreement with them, but we need everybody on the list so that we can go through the Federal Review Process for all of these participants.

The participants will be able to drop at any time, and we have some specific rules around dropping, but you're only able to add participants at the beginning of each year, which means that this would be your maximum participant list for year one, and then you wouldn't be able to add new participants until January 1st, 2018. One of the key things, again, this does not represent your final list of signed participants for the ESCO. Once they go through the Federal Review Process you're going to be required to sign an agreement with every one of these participants, and you're going to verify, when the time comes, that you have signed agreements with all of the relevant participants. One of the key points, and this is something that tripped us up in some other CMS models is that it's very, very vitally important to include complete information for all participants. We need the correct name and address for the providers based on how they signed up for Medicare.

We also need the TIN and NPI for all providers, and the TIN and CCMs for all of the dialysis facilities. It is vital to get that information and we won't be able to review the providers, which means we won't be able to accept the providers with incomplete information. Please devote time to making sure that the information here is complete and accurate. Participant owners, I just wanted to talk a little bit

about ownership. The CEC model is a little bit different because unlike other ACL models, ownership of the ESCO is technically split between the different participant owners.

It's not one entity that owns it, it is owned by the relevant owners here. What this means is that you are required to put down the status of the various participants. There's participant owners, who are the ones who own a piece of the ESCO, non-owners who are on the participant list, but do not own a piece of the ESCO, and provider/suppliers, who are physicians that bill through the TIN of an owner. You could have the practice as an owner, a nephrology practice for instance as an owner, and an individual Nephrologist as provider/suppliers.

The key to this here, and this is an important required part of the model, is that in order to be an ESCO, and there's no exceptions here, is that you're required to include at least one dialysis facility, and at least one Nephrologist as participant owners. This is quite important. We need you to just be sure that you include all of those. Two other important things, one is that part of how we're going to evaluate the applications is based on your breadth of provider networks. We understand that you're pulling this together relatively quickly, and we also understand that this is a care model that will grow over time. As we talked about in the last webinar, you're not going to have implemented your final coordinated care model right when you get started. You also may not have your full provider networks. Part of what we will be looking at is how comprehensive your care network is, and just demonstrations that you have relationship across the full care spectrum.

The other thing too, this is just an important TIN issue, which is that providers, you need to check and make sure, and this is especially important for your Nephrologists that their TIN is not enrolled in the Medicare Shared Savings program. If their TIN is enrolled in the Medicare Shared Savings program, they cannot be a part of the model. This is not something we have any flexibility on, and is an important requirement for the Shared Savings program, so please check to make sure of that. We've run into this issue in the past, especially with Nephrologists in big, multi-specialty practices, so they would not be allowed in the model unless they dropped out of the Medicare Shared Savings program.

A few other questions, if provider information is found to be incorrect will we be notified and have the opportunity to correct? We have a very limited time for that, and we, I think, will attempt to reach out to you, but it would require almost immediate turnaround, just given the time frame that we have to meet as part of the review process. We will do our best there, but you really, really want to prioritize, you all making sure you get the correct provider information at the start.

Once the application is submitted and there is a question about one of the participants, will they have a chance to clarify them? Again, we need their correct information so that they can be looked at by our Federal partners. The next question is can an individual Nephrologist be listed twice in this section, once for each of two different practice groups? I think our answer here is that we look at everything on the TIN/NPI combination, so if they're listed as a participant owner, or if the TIN ... Basically we treat each TIN/NPI separately. That reflects how a provider can get savings or be a part of the model. The answer is yes, and that we just look at everything on the TIN/NPI level. Another question, which I will defer to our ActioNet colleagues on, can we start filling in the application, say at that at some point and return later to continue completing?

Matt: Absolutely. You're able to use the save button at the bottom, and once you've done that, you're able to log off, or close your browser window, and once you log back in, on the homepage you will see your completion throughout the application. If you've completed ESCO information, that part will

have a complete next to it, and you're able to use the hyperlinks on that homepage to navigate directly to the section you are returning to complete. Moving to the next section, one of the things under organization structure I did want to call your eye to is that here we have questions, we have textboxes, and we have the ability for you to upload supporting documentation. The business rule here, and with all of these similar questions, is that you are able to provide a response in the textbox, or upload supporting documentation. CMS is providing you this because this information could already be documented, and you're able to just upload that instead of having to copy it out or retype it.

Please note that in each of these textboxes the total character limit is limited to four thousand, which is about one typed page. Once you have successfully completed that information you're able to select the save and continue button. Here we have one of our other popups that Tom was talking about. This is the new team member, so what is that leadership team member's role, what is their name, and what is their responsibilities? I do want to draw your eye here under the action column. You're able to edit an entered team member information, and you're also able to delete it. Once you have successfully filled in that information in the popup, select save. If you've made a mistake, need to make an edit, or delete that person, you're able to do that using the action hyperlinks.

We also have the governing body information, as Tom was referencing in here. Once you select the new governing body button you're able to fill in the name, the position, the participant being represented, the status, and their voting power. Moving on to the patient centeredness section, again, you see the textboxes, and also the upload file buttons. Please remember that you're able to enter the information in the textbox, or upload a file. Moving onto the clinical care section, we do continue with this style of questions, and the way that you're able to fill it out by providing you with the textboxes, or uploading the files. I do want to note here that a few of our questions are requiring you to input whole numbers only, and if you do attempt to enter in decimals, or incorrect values, the system will actually not take it. We are requiring that you do enter in those whole numbers.

Here we have another one of our popup questions. When you select the new certification and accreditation button it generates the popup where you're able to provide the participant information, the accreditation, the accrediting body, and then the certification and accreditation at the bottom. Selecting save as before will take you back to the page with that item listed. We also have the ability for you to provide your investigation and sanction information. Here we have the participant information, the department at issue of the investigation or the sanction, the accrediting body, the description, and the resolution status. I want to turn it back to Tom for more commentary.

Tom: Great. A lot of these questions deal with the administrative structure of your proposed ESCO. Obviously none of this has to be finalized, but we want to see your preliminary thoughts about how your ESCO would be organized. Part of this, and again I'm going to refer back to webinar two, if you notice in that there was a slide about a lot of the relevant functions that an ESCO would have to accomplish, and a lot of the relevant staff you would need in order to do a lot of the necessary operations to be an ESCO. I think if you could think about who in your organization would be doing those tasks, I think that would be a helpful way to think about what your organization chart could look like, and what kind of staff you would need as you're thinking about the ESCO planning process.

The governing body is ... There's a whole list of requirements. They're detailed in the RFA. I'm not going to go over them right now, but if you don't meet the relevant criteria we'll let you know. The gaps would definitely have to be addressed before signing the participation agreement. One

important note, just to fully clarify from the RFA, is that either having a Medicare beneficiary, or an independent patient advocate is required. You need at least one of the two, and you could definitely include both, but you're not required to have both. That's just one thing to clarify as you're thinking about the composition of your boards.

I think the last two parts is that we're just, and this will be a theme I'll cover more in the next round, but I think we're just looking for what kind of coordination you already have between your ESCO participants, and what your plan's going to be for really coordinating care. I think the other part is the compliance plan, which is a pretty important part of being an ESCO, so the ESCOs have to identify a compliance officer. The key requirement here is that that compliance officer may not serve as the compliance officer for the company. That means you can't take the corporate compliance officer and apply them as the same role to the ESCO. This is a strategy I think really helped split responsibility and provided a check and a balance. Matt?

Matt: Thank you Tom. Continuing through the presentation, we move onto the financial experience section. Again, we have the textboxes where you're able to enter in your up to four thousand characters, or provide the upload file. Great, back to Tom.

Tom: The first half of the application is a lot about the administrative part of running your ESCO. It's about meeting the CMS legal requirements we have laid out, and seeing who in your organization would perform some of the specific functions. The second half though, it's about your care coordination plan. That's a lot of meat of what being an ESCO is all about. CMS sets a lot of administrative roles that we think are necessary for running the program, but ultimately it's your ESCO to run to try to coordinate care the best you can for these beneficiaries. I think our real goal, and we're going to evaluate a lot of these pretty holistically, and the criteria are laid out in the RFA document. You'll see the exact criteria, and the exact weighting of scores that CMS is going to use to evaluate the applications.

I think our plan is we just want to see that you've done a lot of the necessary thinking about how to coordinate care across all aspects of care. All of the A and B services, a hospital, long-term care, medication management, that you thought about health IT, communications with providers, and really just your overall care improvement strategy. We just want you to think about that as you're answering these questions, and think about how you present a full plan of care across the full spectrum of care. Going in about a few of the specific questions here, one is that the letter support from the State Medicaid Agency is optional. That's the only optional question on the application. If you want to submit it to talk about some of the work that you may have done in coordinated care, we'd be interested, but this is definitely not required.

Two is the EHR meaningful use question. We ask an explicit question about what percentage of your eligible providers are currently meaningfully using certified EHR technology. This is a question that is important for qualifying for the QPT bonuses. That's why it's important for our records to know how the providers in your ESCO are using certified EHR technology. Another key one is the sanctions question. This is part of our provider vetting and review process that CMS does, so we also reach out to other partners within the Federal Government for. It's a real review of all of our providers to make sure that we would feel comfortable with having them participate in our models. We can say that, and we've gotten the question, that providers are not necessarily excluded if they've had some issues in the past.

If you have any corporate integrity agreements, or other potential sanctions or investigations, those do not necessarily preclude a provider from being a part of the model. What I would say is please disclose those. List out all of the relevant information and their resolution. I think we'll look at that, we'll look at what our Federal partners say about potentially allowing these participants into the model. If the participants do not pass, if they're not allowed in the model based off of the team review, and the review from our partners in the Federal Government, then we will let you know. The key is that if you do not, in December, once we've reviewed everybody and let you know the final results of our vetting, if you, at that point, do not have a Nephrologist and a dialysis facility, at least the two required participants, then you would not be able to start as an ESCO.

That's the key thing to think about, is just making sure you'd still have the dialysis facility and the Nephrologist, and recognizing that CMS is going to be conducting a pretty detailed review here. The other big one that we want to emphasize is about the risk tracks. There's three separate risk tracks in the model. For a large dialysis organization, those are the few dialysis companies with two hundred or more facilities, they're required to choose two sided risk. However, for non-large dialysis organizations, you all have the option of choosing one sided risk, or two sided risk. There's two critical questions that we've gotten that we wanted to really bring up to you all.

One is could we choose a risk track now and change it before we start the model? The answer there is unfortunately no. Part of the evaluation process is going to be looking at the risk track that people choose, and unfortunately once you submit the application with the specific risk track, we're unfortunately not going to be able to let you choose a different track. The other question is about the ability to switch risk tracks in subsequent years. If a non-LDO is in the model in PY2, and they start off, say on the one sided track, could they switch to the two sided track in PY3? This is a question that we got, and we just wanted to give you the most definitive answer we have right now. That's that CMS is exploring the possibility of allowing the switching of risk tracks, and will definitely have a definitive answer for ESCOs by PY2, so by the time that would come about.

However, potential applicants that wish to pursue a conservative approach should choose their risk track based on the assumption that they will not be able to switch from one to two sided risk. What this says is that we're still working on this policy, but if you're going to act conservatively, we would ask you to assume then that you would not be able to switch between the different risk tracks. We know this is a question that we've gotten in previous webinars, so that's going to be the official guidance that we have to give there.

Matt:

Next slide, thank you Tom. We do have just a few more minutes, and I wanted to talk through the error message part of the application. Once you have selected the submit button, and if you have any validation errors the validation error box will appear at the top of the page, as you see. We've also provided you with the page, or the section the error occurs on in a hyperlink to navigate directly to the question that had the issue. In this example on page forty-six, I've selected that link, it takes me directly to the question that has the issue, and you see there in the bottom arrow we're pointing at the actual error message. Each question is listed at the top, but also we'll have a specific error message listed out right by it.

Once you have completed correcting all of your validation errors, and you submit your application, you receive a PDF of the application that you have successfully completed. You're able to save this for your records, you're able to print it. Please note at the top we have included a submission date and time just to verify what information you have here. You will also receive a confirmation email that you

have successfully completed it, it includes your ESCO ID, and we ask that you retain it for your records. I had previously talked about the ability to download your submitted your application PDF, so here at the bottom of the page you see that our ESCO ID has submitted next to it, and we have a new hyperlink at the bottom.

It says download submitted application. If you accidentally close the PDF once you've submitted your application don't worry, you can always go back and review it from the homepage. A quick note about section five-oh-eight, the Salesforce application does not adhere to section five-oh-eight compliance and guidelines. If you do need assistance with their assisted technologies, we do request that you contact the Salesforce help desk selecting option five. Turning it back to you Jennifer.

Jennifer: Thank you Matt, and thank you to Tom. We will now address any additional questions participants would like to submit through the Q and A window. To submit a question, please type it into the Q and A window, I'm sorry, the Q and A entry window, speakers will have two minutes to respond to each question before the next question is asked. Again, any questions not asked during the Q , A portion of today's event may also be emailed to ESRD-CMMI@cms.hhs.gov for a response following today's event. I do apologize in advance if your question is unable to be addressed during today's event. Tom would you please address the first question?

Tom: Sure. We got a question in, and this is a time for any policy or application questions you may have. Think of this as ten minutes of free time for anything, any questions you may have about the model, and we'll do our best to answer them. We got a question, as a hospital based provider, how would I find out about the two options for the CEC model? As a hospital based provider, that would mean, and assuming that your hospital is a hospital based dialysis chain, a hospital based dialysis clinic, you would likely have fewer than two hundred facilities, unless you're a really, really big hospital.

What that would mean is that you would qualify as a non-LDO. If you look in the application in the request for application document, which is up on our website, I just want to refer to that. That's the best reference, and the best summary of everything in the model. You can see on page twenty-nine there's an excellent chart that summarizes the different financial models between the LDO financial model, the non-LDO financial model, the one sided track, and the non-LDO financial model, the two sided track. That chart is the best summary of the differences between the different payment models.

The next question we got was we currently have three hundred thirty Medicare patients, does that preclude us from applying? The answer is no. If you are a non-LDO, you are not required to have three hundred and fifty beneficiaries. If you are an LDO, you are required to have three hundred and fifty beneficiaries. What that would mean is that if you did come in at that number, below three hundred and fifty, you would be required to aggregate with other non-LDO ESCOs that are part of the model.

That's our process that we came up with at the end of the year to add together financial performance in order to get statistically significant results. The other point that I want to emphasize here is the difference between the CEC alignment algorithm and the number of Medicare patients that you see in your clinic. We've found that there's going to be a difference, because in order to be aligned to CEC, you have to have Medicare A and B. You have to be visiting the dialysis clinic, you can't be in another Shared Savings model. You can't be on Medicare Advantage.

What you'll find is even if you have say three hundred and thirty patients in your clinic, that might only translate to a hundred and fifty to two hundred actual patients aligned to the model. That's just

something I want you to be prepared for as you're doing your planning. We've got a question about how the non-LDOs would select their risk track, and this is something that's in the application. There's going to be two options. You'll be able to pick between the two different non-LDO options, and that will set your risk track there. We've got a question that I'm going to defer to my colleague Emma Oppenheim on, asking about a TQRS waiver for participating in the ESCO.

Emma: That's a really great question. The truth is that if you participate in the CEC model for one year, you have to participate for the full year, and then you successfully report all of your quality measures to our quality measurement assessment tool QMAT, then you will receive credit for PQRS, and you'll also be waived from the value modifier. That means at the end of the year, all of the people who are still participating in your model, so it's possible you could start with some people, but they'll drop out by the end of the year, all the people who are still in the model on December 31st, and then when your ESCO successfully reports to the QMAT tool, those people will receive PQRS credit, and be waived from the VM. Great question.

Tom: We've got the question, are we able to have more than one person build and upload information for the ESCO application? I think what we'd recommend is that, you will only get the one log-in to the application, however I would recommend not writing in the application. A lot of these require written out parts, but working outside of the application, then only uploading it into the application once you're finished. That's probably the best and most efficient way to work on the application, and all of the questions for the application are in the RFA document there. We got a question about, we're in integrated health system and want to own the ESCO with one entity since our Nephrologist are our employees and there are no other possible owners. Asking how they can qualify as an ESCO. This is a slightly complicated question, but it brings up something important that I want to really emphasize.

It's that this model, and one of the key points of it is a split ownership model. Where Nephrologists have separate risks from the dialysis facilities. That ownership is split separately. Part of this, and what this means is that the Nephrologist, their risk cannot be indemnified by any other entity, and that whoever is listed as a participant owner must be personally at risk. If you are that integrated, there's an array of criteria that you would have to meet. We're also going to follow up with you on this specific question, because thank you for emailing that to us, and we have a more detailed response. The general principle is that we have the split ownership structure, and there must be separate owners for the Nephrologist and dialysis facilities.

We got a question, are the model of care answers limited to four thousand characters per question? Our answer is yes, because we as a team, if we're going to be reviewing all of the applications, we want you to essentially try to answer everything as efficiently as possible. We know there's a lot of great work that you all are doing, but we really want to make sure you can answer everything as efficiently as possible so we can complete our review as quickly as possible, and let you know if you've been accepted as a finalist. Are there any other questions out there before we close? Okay. I'm not seeing any.

I'm going to pass it back, but I think one thing I want to add that's not listed on the upcoming events slide is that we're working on a potential event that's aimed at Nephrologists and other providers. We'll send out more information to everybody on this webinar, and everybody on our distribution list. That's something I want everybody to be aware of. We're working on putting together an event that's aimed at providers. It would be less administrative instruction, and more focus on what their role

would be in the model. We know that's something that we've heard specific requests for and that we're listening to. With that, I'll pass it back to Bridgette.

Bridgette: Thank you so much Tom and Matt, to both of you, for today's fantastic presentation. A quick key dates overview, please take note that we have the upcoming deadline coming July 15th. There will be upcoming webinars, specifically our next webinar on June 29th, from 4pm to 5pm called Finance and Quality Methodologies. We strongly recommend that you participate. If you have any questions that you are unable to address during today's webinar, please definitely email them in otherwise you will have the opportunity to ask questions at our upcoming webinar in addition to our upcoming learning events. Tom anything that you would like to say about the additional resources? Sorry, is someone switching the slides? I'm going to push back a little bit.

Tom: I think the other thing we want to emphasize is that listed under the additional materials, and also now posted on the CEC website is a detailed manual that explains about how to use the application and goes into further detail so we recommend that in case you have questions about any specific questions, any questions about how to use it, because the answer is likely in there.

Bridgette: Thank you. You can also download the CEC RFA user manual under the materials section to the right of the console as well. Moving on, the office hours are a great opportunity for you to engage with the model team on one-on-one and ask questions in an open setting. The registration link for these office hours will be sent out to registered attendees of this event via email. Please reach out via the email address if you have any additional questions. Thank you again to our speakers and to all of our participants for participating.

I would like to reinforce the feedback survey. You can see the link at the bottom of the screen, and then also to the right of your console. Please take a minute or two if you can to complete the survey. That is extremely helpful for us to improve our future events. Also located in the middle of the screen. Again I would like to thank our speakers, and thank everyone who participated today. I hope everyone has a great rest of the day, and I am now formally closing the webinar.