

ESRD Seamless Care Organization (ESCO)

Needs Assessment

June 2014

The purpose of this needs assessment is to give you a snapshot of your organization's current readiness in various domains important to establishing an end-stage renal disease (ESRD) seamless care organization (ESCO). Your answers to this survey are not being collected by the Centers for Medicare & Medicaid Services (CMS), and this tool will not in any way be used to select finalists for the Comprehensive ESRD Care (CEC) Initiative. This is for your informational and learning purposes only. The domains covered by this needs assessment tool are:

1. Clinical Care Model: Implementation Plan, Care Coordination, and Care for Vulnerable Populations
2. Financial Plan/Experience
3. Patient Centeredness
4. Organizational Structure, Leadership and Management, and Governance Structure

The needs assessment is for use in your internal planning discussions, to help you assess your ability to meet the domains of readiness outlined in the CEC Model Request for Applications (RFA). You may wish to use this tool to assess your continued growth toward promoting patient-centered, high quality care that seamlessly addresses the complex clinical needs of ESRD beneficiaries and their families. **CMS will not be collecting this information nor use this information in any way to approve or deny an application to participate in the initiative. This tool is meant for your informational and learning purposes only.**

The domains in this tool come from the subsections of the Application Template included in the CEC Model RFA released on April 15, 2014. The objectives and readiness indicators that appear under each domain are based on the description and key elements of the model discussed in the RFA.

Instructions for Completing the Needs Assessment

This needs assessment should be conducted by a team of staff who can provide an informed and honest evaluation of the ESCO's structure, strengths, and weaknesses. You may choose to print out a copy and go through each item with the team of staff. Alternately, team members may complete specific sections and then meet to discuss areas of need.

For each readiness indicator, check the box that indicates whether you "strongly agree," "somewhat agree," "somewhat disagree," or "strongly disagree" with the statement, or if you "have not assessed" the indicator for your organization. The Notes/Comments section is for your team to use to note indicators for which additional assessment or capabilities are needed.

A glossary of key definitions is included on page 12 of this document for reference when completing the needs assessment.

The information in this needs assessment is for your organization to use to assess readiness for the CEC Model. Applicants may not exhibit all the indicators of readiness at the time of application and still be considered qualified candidates for the model. Your organization can use this tool to identify priority areas to focus efforts in preparing for your ESCO and to gauge progress in implementing key components of the model if selected. **You do not need to return this assessment. CMS will not use this information to approve or deny an application to participate in the initiative. This tool is only for your informational and learning purposes.**

Questions about the CEC Model and/or application process should be directed to ESRD-CMMI@cms.hhs.gov.

DOMAIN 1: Clinical Care Model: Implementation Plan, Care Coordination, and Care for Vulnerable Populations

This domain helps you assess the ESCO's ability to coordinate a full range of clinical and supportive services. These may include: (1) primary care and other preventative services; (2) specialty care for co-morbidities or non-renal acute conditions (e.g., podiatry, cardiology, orthopedics, etc.); (3) vascular access; (4) laboratory testing and diagnostic imaging; (5) pharmacy care management; (6) patient/family/caregiver education; and (7) psychiatric, behavioral therapy, and counseling services.

OBJECTIVE 1.1. The ESCO is able to provide enhanced communication among participants (owners and non-owners) through HIT. This allows for (1) reliable exchange of key clinical information; (2) ongoing monitoring of clinical parameters; (3) development of registry capacity; (4) systematic proactive reminders; (5) continuous quality improvement; and (6) population-based care management.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
1.1a. The ESCO has assessed the percentage of eligible professionals (such as physicians) who have attested to Electronic Health Record (EHR) Meaningful Use Criteria.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1b. The ESCO has detailed a plan for a majority of eligible professionals in the organization to meet EHR meaningful use criteria and requirements.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1c. The ESCO has a plan to provide reminders for recommended care to physicians and clinical staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1d. The ESCO will have population-based management tools and functions, such as registries or the ability to aggregate and analyze clinical data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1e. Participating providers and partners of the ESCO will be able to electronically exchange patient data to ensure continuity of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1f. Participating owners and non-owners and partners of the ESCO will be able to share patient information with non-participating providers in the community to ensure continuity of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.1g. The ESCO has experience with reporting on established clinical and patient satisfaction quality measures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 1.2. The ESCO will be able to coordinate care across the full continuum of care to improve the physical health, mental/behavioral health, and functional status of beneficiaries.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
1.2a. The ESCO will have the capacity to coordinate care through an interdisciplinary team structure that includes practitioners with the necessary areas of expertise and appropriate staffing to meet the needs of complex patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2b. The ESCO has outlined a plan for incorporating medication management into its care coordination approach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2c. The ESCO has outlined a plan to coordinate benefits of dually eligible beneficiaries matched to the ESCO with Medicaid State Agencies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2d. The ESCO will collaborate with major stakeholders in the community, including incorporation of relevant mental/behavioral health and social services in care plans and management.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2e. The ESCO has a comprehensive care coordination approach that addresses each of the following:					
1. Comprehensive clinical assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Determination and documentation of patient's goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Development and regular updating of care management plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Patient's knowledge about conditions, treatments, and medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Documentation of patient's preferences	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Medication management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Process for monitoring clinical progress and follow-up.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Systematic process of care transition planning and follow-up	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Promotion of self-care skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Availability of care plan among interdisciplinary team members.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Review of current mental/behavioral health and social services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
1.2f. Proposed participating providers and partners of the ESCO have experience managing non-ESRD health conditions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2g. The ESCO has the ability to identify hospital admissions and care transitions (such as discharge or transfer of care from a dialysis facility to primary care providers or specialists) on a timely basis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2h. The ESCO has a process to coordinate care throughout an episode of care and during care transitions among participating providers and partners within the ESCO.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2i. The ESCO has a process to coordinate care throughout an episode of care and during care transitions with providers/suppliers not participating in the ESCO.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
1.2j. The ESCO will be able to share performance feedback on a timely basis with participating providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 1.3. The ESCO includes a diverse group of practitioners and care settings to meet the needs of complex populations.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed	NA
1.3a. The ESCO includes safety net providers that care for indigent populations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
NOTES/COMMENTS:						
1.3b. The ESCO includes practitioners, technology, and other resources that enable access to quality care for populations in rural areas.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	n <input type="checkbox"/>
NOTES/COMMENTS:						
1.3c. The ESCO is knowledgeable about state Medicaid policies, including cost-sharing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
NOTES/COMMENTS:						

DOMAIN 2: Financial Plan/Experience

This domain helps you assess the ESCO's capacity to contain costs in the CEC Model, invest in organizational development, and distribute shared savings to promote organizational sustainability.

OBJECTIVE 2.1. The ESCO has a business plan to contain costs in the CEC Model.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
2.1a. The ESCO has outlined a plan for achieving savings under the CEC model.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.1b. The ESCO has outlined a plan to manage prescription drug expenditures, including Part D expenditures (this includes plans the ESCO has to partner with Part D plans while preserving beneficiaries' choice of Part D plans)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.1c. The ESCO has outlined a plan that will focus on Medicaid cost containment for the Medicare-Medicaid Enrollee (dual-eligible) beneficiary population matched to the ESCO ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 2.2. The ESCO has adequate capital and resources to manage costs for the ESCO beneficiary population.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
2.2a. The ESCO has the administrative and clinical capabilities to implement programs aimed at managing health and costs for a population of patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.2b. The ESCO has systems in place (such as analytic capacity, and data on actual claims and patient characteristics) to project its budget	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.2c. The ESCO has outlined a plan for achieving savings under the CEC model.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
2.2d. The ESCO will have access to timely data across participating owners and non-owners and be able to calculate cost of care for the patient population (such as reports on actual costs, changing risk profile, high-cost claimants, and case-mix adjustment)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.2e. The ESCO has sufficient financial reserves to assume downside risk, if applicable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.2f. The ESCO has sufficient financing capabilities to support ESCO implementation ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 2.3. The ESCO has defined how potential savings and losses (if applicable) will be shared.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
2.3a. The ESCO has defined an outcomes-based payment arrangement for participating owners and non-owners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.3b. Participating owners and non-owners agree on the plan for distributing any shared savings and losses (if applicable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.3c. The ESCO has defined the percentages of funds that will be (1) provided directly to participating owners and non-owners, and (2) used for infrastructure and care redesign investments (in the case of savings)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.3d. The ESCO has established contracting relationships that define how entities will be held accountable for patient care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
2.3e. The ESCO has a legal structure that allows it to receive and distribute performance-based payments among participating owners and non-owners.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

DOMAIN 3: Patient Centeredness

This domain helps you assess the ESCO's plan for engaging with beneficiaries and their caregivers to promote shared-decision making, address care transitions, provide education about care options, and evaluate patient satisfaction.

OBJECTIVE 3.1. The ESCO has developed a plan that encourages shared decision making, addresses care transitions, and provides beneficiary education about dialysis care and renal transplant options.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
3.1a. The ESCO has a plan to engage beneficiaries and their caregivers in shared decision making, taking into account patient preferences and choice (e.g., educating providers, using standard tools or decision aids).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
3.1b. The ESCO has a plan to involve beneficiaries in care transitions to improve the continuity and quality of care across settings (may include: medication lists, care plans co-developed with the patient and embedded in the medical record, case manager follow-up) ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
3.1c. The ESCO has the ability to engage and activate beneficiaries receiving home dialysis (through such modes as home visits or tele-monitoring) to improve self-management.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
3.1d. The ESCO has a plan to conduct patient outreach and education on various care options, such as renal transplantation and options for home dialysis.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
3.1e. The ESCO has made plans to improve patient access to services. This may include:					
1. Providing on-site co-location of different providers and/or rounding services by non-dialysis providers at dialysis facilities ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Assisting beneficiaries in scheduling non-dialysis related medical appointments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Assisting beneficiaries in obtaining appropriate transportation services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Providing in-home visits and/or arranging for longer or more frequent dialysis when clinically appropriate.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Ensuring flexible access to dialysis care during normal and extended business hours.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 3.2. The ESCO has established a plan for evaluating beneficiary satisfaction.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
3.2a. The ESCO has a plan to evaluate patient satisfaction with ESCO services including:					
1. Access to and quality of care.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Choice of providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Choice in care settings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

DOMAIN 4: Organizational Structure, Leadership and Management, and Governance Structure

This domain helps you assess the ESCO's collaboration among participating owners and non-owners, organizational structure, leadership and management capacity, and governance and compliance plans to promote the goals of the CEC Model.

OBJECTIVE 4.1. ESCO participants collaborate to achieve the goals of the CEC Model

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.1a. Proposed participating owners and non-owners have collaborated in the past.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.1b. The ESCO has created a collaborative culture that encourages high levels of trust among participating owners and non-owners working together in this model.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.1c. The ESCO has created a culture that encourages participating owners and non-owners working together in this model to deliver cost-effective care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 4.2. The ESCO has an organizational structure that promotes patient centered care and the goals of the model.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.2a. The ESCO includes at least one dialysis facility and one nephrologist/ nephrology practice as participating owners.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.2b. The ESCO has identified other Medicare enrolled providers and suppliers (other than dialysis suppliers and nephrologists/nephrology practices) to facilitate the goals of the CEC model, such as primary care providers, vascular access surgeons, hospitals, cardiologists, podiatrists and nutritionists.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.2c. The ESCO is made up of a diverse set of provider/suppliers committed to providing high quality, coordinated care to beneficiaries ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.2d. The ESCO has outlined how participation in the model will help proposed participating owners and non-owners achieve better health and better care for Medicare beneficiaries with ESRD.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.2e. The ESCO has identified partners, such as community-based services, to facilitate the goals of the CEC model	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 4.3. The ESCO's governing body demonstrates commitment to providing high quality care to beneficiaries consistent with the three-part aim of better health, better care, and lower costs.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.3a. The ESCO has a multi-stakeholder governing body composed of well qualified individuals (including an independent ESRD Medicare beneficiary representative or a trained and/or experienced non-affiliated, independent consumer advocate who adequately and collectively represents the interests of beneficiaries and providers.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.3b. The ESCO has identified a leadership team of executives and lead staff throughout the organization with responsibility for clinical, financial, management, HIT, and quality improvement functions, and has mapped out roles and responsibilities to achieve the three-part aim.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.3c. The ESCO's governing body has mechanisms to make decisions, distribute payment, and obtain resources necessary to improve health care quality and efficiency.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 4.4. The ESCO has a clearly defined governance structure with authority to make decisions for the ESCO.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.4a. Participating owners and non-owners are well-represented in the governing body of the ESCO and drive decision making.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4b. No one participant in the ESCO will represent more than 50% of the membership on the governing body.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4c. The ESCO's governing body has authority to execute the functions of the ESCO (such as: defining processes to promote evidence-based medicine and patient engagement, reporting on quality and cost measures, reporting on coordination of care, and appointing and removing an executive officer) ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4d. The ESCO's governing body has a conflict of interest policy that applies to members of the governing body, requires disclosure of all relevant financial interests and other conflicts of interest, identifies processes for resolution of conflicts of interest, and sets forth remedial processes for non-compliance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4e. Members of the ESCO's governing body will place their fiduciary duty to the ESCO before the interests of any ESCO participant, ESCO provider/supplier, or other individual or entity....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4f. The ESCO's governing body has a transparent governing process. This includes the ability to publicly report on organizational structure and participating owners and non-owners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.4g. The ESCO's governing body is able to identify, report, and remediate suspected fraud and abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

OBJECTIVE 4.5. The ESCO has a clearly defined compliance plan.

SELECT ONE RESPONSE PER ROW

Readiness Indicators	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Have Not Assessed
4.5a. The ESCO has designated a compliance officer who is not legal counsel and reports directly to the ESCO's governing body	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.5b. The ESCO has a quality assurance strategy that includes a peer review process to investigate cases of potentially suboptimal care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.5c. The ESCO has outlined its internal process for addressing a corrective action plan (CAP) issued by CMS and a description of the participant termination circumstances	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.5d. The ESCO has remedial processes it will apply when participants fail to comply with the CEC Model Participation Agreement, Medicare regulations, and/or internal procedures and performance standards including CAPs and circumstances for expulsion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					
4.5e. The ESCO has an antitrust compliance plan that describes safeguards against the improper exchange of prices or other sensitive information among competing participants that could reduce competition in the provision of services outside the ESCO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
NOTES/COMMENTS:					

Glossary of Key Definitions

DIALYSIS FACILITY: An entity that provides outpatient maintenance dialysis services. This could also include home dialysis training and support services. A hospital-based dialysis facility that provides outpatient dialysis services is also included in this definition.

ELIGIBLE PROFESSIONAL: The following are considered “eligible professionals” who can participate in the Medicare EHR Incentive Program: (1) doctors of medicine or osteopathy, (2) doctors of dental surgery or dental medicine, (3) doctors of podiatry, (4) doctors of optometry, and (5) chiropractors.

ESCO BENEFICIARY: A Medicare beneficiary who has been matched to the ESCO based on CMS-defined eligibility criteria.

ESCO PARTICIPANT: An individual ESCO provider/supplier or a group of multiple ESCO providers/suppliers all billing under the same Medicare enrolled TIN that, together with other ESCO participants, agrees to become accountable for the quality, cost, and overall care of the ESCO beneficiaries and to comply with the terms and conditions of the CEC Model Participation Agreement. ESCO participants may be ESCO participant owners or ESCO participant non-owners.

ESCO PARTICIPANT NON-OWNER: An individual ESCO provider/supplier or a group of multiple ESCO providers/suppliers all billing under the same Medicare-enrolled TIN that does not have an ownership stake in the ESCO, but has a contractual relationship with the ESCO that requires the individual or group to comply with the terms and conditions of the CEC Model Participation Agreement.

ESCO PARTICIPANT OWNER: An individual ESCO provider/supplier or a group of multiple ESCO providers/suppliers all billing under the same Medicare-enrolled TIN that (1) has an ownership stake in the ESCO, (2) is a signatory to the CEC Model Participation Agreement, and (3) assumes a minimum portion of the liability for shared losses (“downside risk”) for LDO ESCOs as specified by CMS and agrees that CMS may recover such shared losses. In addition, all dialysis facilities and nephrologists/nephrologist group practices participating in the ESCO must be participant owners.

ESCO PARTNER: Individuals or entities that have contracted with the ESCO or ESCO participants, but are not ESCO participants. ESCO partners are not eligible to be ESCO participants because they do not have a Medicare-enrolled TIN and/or have not contracted with the ESCO to be bound by the CEC Model Participation Agreement.

ESCO PROVIDER/SUPPLIER: An individual or entity that (1) is a Medicare-enrolled provider or supplier other than a DMEPOS supplier; (2) is identified by an NPI or CCN; and, (3) bills for items and services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to a TIN of an ESCO participant, in accordance with applicable Medicare regulations. All ESCO providers/suppliers must be included on the ESCO’s TIN/NPI list submitted to CMS on an annual basis and must be required by the ESCO Participant to comply with applicable terms and conditions of the CEC Model Participation Agreement.

ESRD: End-stage renal disease

ESRD SEAMLESS CARE ORGANIZATION (ESCO): An ESCO is a legal entity that is recognized and authorized under applicable State, Federal, or Tribal law; identified by a TIN; and formed by ESCO participant owners, who must include the following: (1) at least one dialysis facility; (2) at least one nephrologist and/or a nephrology practice. The ESCO and its participants including participant owners and participant non-owners agree to become accountable for the quality, cost and overall care of ESCO beneficiaries and to comply with the terms and conditions of the CEC Model Participation Agreement.

HOME DIALYSIS: Peritoneal or hemodialysis performed by an appropriately trained patient (and/or the patient’s caregiver) at home.

MEDICARE BENEFICIARY: An individual who is entitled to benefits under Part A of Title XVIII of the Act and/or enrolled under Part B of Title XVIII of the Act.

SHARED LOSSES: Any monetary amount owed to CMS by the ESCO according to the payment arrangement due to spending in excess of the ESCO’s Medicare expenditure benchmark for the applicable performance year, or portion thereof, if this amount exceeds the applicable minimum loss rate.

SHARED SAVINGS: A “shared savings” arrangement rewards an ESCO with a specified percentage of total savings achieved once a minimum savings rate is achieved. The reward is a function of the maintenance or improvement of beneficiary quality of care outcomes and a reduction in total Medicare Parts A and B health care spending.