



INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE COMPREHENSIVE ESRD CARE INITIATIVE LETTER OF INTENT

This document provides instructions for completing and submitting a Letter of Intent (LOI) to participate in the CMS Innovation Center's Comprehensive ESRD Care Initiative. Questions about the LOI should be directed to ESRD-CMMI@cms.hhs.gov.

IMPORTANT INFORMATION FOR COMPLETING YOUR LOI:

- **DO NOT** use your browser's "back page" function or navigate away from this webpage while completing this LOI. Doing so may cause you to lose information that you have entered into your LOI.

Completing the LOI Template

Please note that you do not need a login ID or password to complete the LOI template. However, you must complete and submit the LOI in one sitting. You will not be able to return to complete a partially completed LOI.

Question 1:

- Provide the name of your organization.
- Provide a "Doing Business As" name if you will be operating your ESCO under a name other than your organization's formal legal name.

Questions 2 & 3:

- Provide the name and contact information for the person who CMMI should contact with any questions or comments about your LOI.

Question 4:

- As stated in the RFA, please note that a market is defined as no more than two contiguous Medicare core-based statistical areas (CBSAs), with permissible inclusion of contiguous rural counties that are not included in a Medicare CBSA. The only exception to this requirement would be in the case of rural-based applicants not included in any Medicare CBSA. For rural applicants not included in any Medicare CBSA, the market area of the ESCO will be defined based on a geographic unit no larger than a state.
- Identify the market area where you plan to operate the ESCO (i.e., the location(s) of the Applicant ESCO's proposed participants). You must include all the states, counties and zip codes of the

Applicant ESCO's proposed participants. If the county that you entered is included in a Medicare CBSA, the Medicare CBSA Number will be pre-populated into the form. Remember, each market area may only include ESCO participants in up to 2 contiguous Medicare CBSAs and surrounding rural counties. If the county that you entered is rural and therefore not included in a Medicare CBSA, then the Medicare CBSA field in the form will be left blank. If you do not include any counties that are listed in a Medicare CBSA then you will not be able to enter counties in more than one State. For reference, you can find Medicare CBSA codes at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/downloads/CY2012_Wage_Index_Addenda.pdf.

Question 5:

- As stated in the RFA, if possible, you should include at least 50% of the Applicant ESCO's proposed participants in response to this question.
- Please provide the information requested in the table. You may add as many rows as necessary.
- "Proposed Participant Status" – please select "owner" or "non-owner" from the drop down list. This is indicative of whether the proposed participant plans to take an ownership stake in the legal entity.
- "Medicare Provider/Supplier Type" – please select from the drop down list. However, if you feel that none of the Medicare Provider/Supplier Types describe the proposed participant, you have the option of selecting other and entering the information into a free form text box.
- Where the table calls for the Medicare-enrolled Tax Identification Number (TIN), please enter the applicable nine digit number for each participant that you list in the table. ESCO Participants are identified using a Medicare-enrolled TIN. At this point, CMS is not asking you to enter all of the providers/suppliers that bill using the Medicare-enrolled TIN of the proposed participant (i.e., individual doctors in a group practice). This information will be required for the application.
- Where the table calls for CMS Certification Number (CCN), please enter the applicable number for each proposed participant that has a CCN (note: CCN's are only applicable to facilities). Every dialysis facility that is included on the proposed participants list must include their CCN.
- Where the table calls for Organizational or Individual National Provider Identifier (NPI), please enter the applicable ten digit number for each participant that you list in the table.
- The LOI screen will not display all of the information that you enter for each participant. However, you may view all of the information that you have supplied by clicking on "View" in the "Action" column on the LOI template. You may also delete or edit the information that you have provided by selecting "Del" or "Edit" under the "Action" column.

Question 6:

- Please estimate of the total number of Medicare fee-for-service beneficiaries served in any one month period in 2012 by all of the dialysis facilities listed in the table that you provided in response to question 5. Your response should be based on the best data available to you, and may be based on either a representative month or an average of data from all months in the year.

Previewing your LOI before submission

- You may preview your LOI prior to submission. To do so, please use the print or print preview function in your web browser.

LOI Submission Process

Important: DO NOT complete this step until you are ready to submit your LOI to CMS.

- Please click on the link entitled “Signature Certification Page” to download the document. Then do the following:
 - Print the Signature Certification page, fill in the requested information, and sign the document;
 - Scan and save the completed Signature Certification Page;
 - Proceed to select the “**Upload Signature Certification Page & Submit LOI**” button to upload the executed Signature Certification Page to the LOI; Upload the executed Signature Certification Page to the LOI by clicking the “Choose File” button and selecting your saved document.
 - You will then need to select your saved document.
 - When complete, select “Submit LOI”. This will complete the LOI submission process.

Submission Confirmation

- When you submit your LOI, you will receive an immediate LOI submission confirmation. In addition, the confirmation will be sent by email to the primary contact listed in your LOI. The LOI submission confirmation will contain an LOI identification number. Please either print or record this number for your records. This number, as well as the primary contact address zip code that you provided in your LOI, will be necessary to complete and submit your application.
- If you do not receive the email notification for any reason, please check the spam folder of your primary email contact person. Because these emails are auto-generated, they sometimes get mislabeled as spam. If you are still unable to locate the email, please contact us at ESRD-CMMI@cms.hhs.gov.

LOI Changes

- If you would like to change any information on your Letter of Intent after you have submitted the form, you may contact us at ESRD-CMMI@cms.hhs.gov. You will need your LOI identification number for us to make any changes. You will also have an opportunity to edit your information during the application process. However, if your primary contact for your organization changes, it is important that you update us as we will be providing information about the application process via email.

LOI Withdrawal

- Please remember that all Letters of Intent for the Comprehensive ESRD Care Initiative are non-binding. If you would still like to withdraw your letter of intent to participate in this Initiative, please contact us at ESRD-CMMI@cms.hhs.gov. After a Letter of Intent is withdrawn, CMS will not accept an application for that organization.

Thank you for your interest in the Comprehensive ESRD Care Initiative. We will notify your primary contact with additional email updates regarding the application process as they arise.