



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Maryland Primary Care Program (MDPCP)
Care Transformation Organization (CTO)
Request for Application (RFA)
Portal User Manual

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1. Introduction

The Maryland Primary Care Program (MDPCP) Care Transformation Organization (CTO) Application Portal allows you to apply to participate in the model online. This user manual provides step-by-step instructions on using the MDPCP CTO Application Portal. The intended audience for this manual is CTO members wishing to apply to the MDPCP CTO model.

2. Overview

The Maryland Primary Care Program is a collaborative initiative between the state of Maryland and the Centers for Medicare & Medicaid Services (CMS). CTOs are a new concept unique to the Maryland Primary Care Program. CTOs can draw resources from or be created by existing organizations such as Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), health plans, etc. Participating practices can select among the approved CTOs or opt to function without the support of a CTO. We assume the participating practices will select the CTOs that best meet their needs for support. For more information regarding the program, please visit <https://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/>

2.1 Conventions

- We indicated fields, buttons, and links for users to act on in **bold** text.
- We call out specific objects in screenshots with red outlines and arrows with alternative text provided See Section 2.4 for accessibility guidelines.
- We created screenshots in Internet Explorer (IE) 11. Depending on the browser you use, your screens may vary from the examples in this manual.

2.2 Cautions & Warnings

2.2.1 Application Access Time-out

For security reasons, you are automatically logged out of the platform if there is no application activity for more than 30 minutes. Application activity includes selecting any menu item, performing record searches, navigating through the record set, etc.

There is no auto save function. Save your updates before navigating away from the current page.

2.2.2 Information Systems

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited, as to not interfere with official work duties, and is subject to monitoring.

By using this system, you understand and consent to the following:

- The government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct U.S Department of Health and Human Services (HHS) business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful government purpose, the government may

monitor, intercept, and search and seize any communication or data transiting or stored on this system.

- Any communication or data transiting or stored on this system may be disclosed or used for any lawful government purpose.

2.2.3 Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this website are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#) on the HHS website for more details.

2.2.4 508 Disclaimer

This web application and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. If you use assistive technologies to navigate and access information, please contact the Center for Medicare & Medicaid Innovation (CMMI) Salesforce Help Desk at 1-888-734-6433, Option 5, or email CMMIForceSupport@cms.hhs.gov.

2.2.5 Technical Issues

Please contact the CMMI Salesforce Help Desk at 1-888-734-6433, Option 5, or email CMMIForceSupport@cms.hhs.gov with any technical issues. If you are using Microsoft Internet Explorer IE, please make sure the browser you are using is IE version 11 or higher, before attempting to navigate through this site. Salesforce does not support prior versions of IE.

3. Getting Started

This section contains information on set up, user access, and system navigation.

3.1 Set-up Considerations

Browser Guidelines: Salesforce is supported by:

- Microsoft® Internet Explorer® version 11. Prior versions are not supported.
- Apple® Safari® versions 5.x, 6.x, and 7.x on Mac OS X.
- The most recent stable versions of Mozilla® Firefox® and Google Chrome™.

Pop-up Blocker: Allow pop-up windows within your browser's settings.

3.2 User Access Considerations

This section is not applicable because there is only one type of user for this system, CTO members. The system is publicly available and has no specific restrictions preventing signup/access to any individual.

3.3 Accessing the System

This section provides information on:


- First-time login
- Password security
- Resetting your password
- Password guidelines

3.3.1 First Time Login

As a first-time user you must register for access to the MDPCP Portal. Navigate to the MDPCP Portal link: <https://app1.innovation.cms.gov/mdpcp>.

1. Select **Register for Portal!**.

Maryland Primary Care Program Care Transformation Organization Login



Username

Password

Login

[Register for Portal!](#) [Forgot Password?](#)

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

If you need Help Desk support for **technical** issues,
please contact:

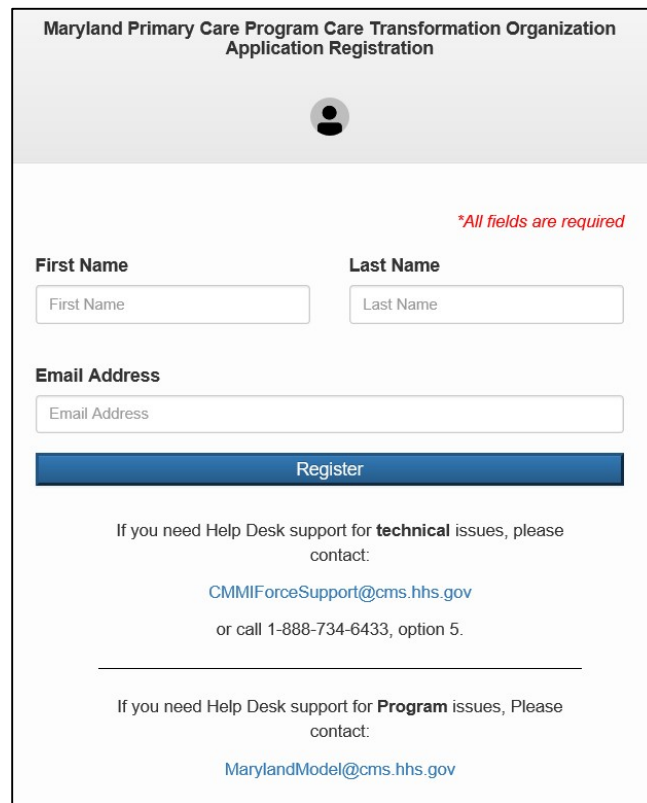
CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you need Help Desk support for **Program** issues,
Please contact:

MarylandModel@cms.hhs.gov

Figure 1: Login Window

2. The MDPCP Care Transformation Application Registration window displays.



The screenshot shows a web form titled "Maryland Primary Care Program Care Transformation Organization Application Registration". At the top center is a grey circle icon with a black person silhouette. Below this, a red note states "*All fields are required". The form contains three input fields: "First Name" and "Last Name" (each with a placeholder text of the same name) and "Email Address" (with a placeholder "Email Address"). A blue "Register" button is positioned below the email field. Under the button, there is contact information for technical support: "If you need Help Desk support for **technical** issues, please contact:" followed by the email "CMMIForceSupport@cms.hhs.gov" and the phone number "or call 1-888-734-6433, option 5." A horizontal line separates this from the program support information: "If you need Help Desk support for **Program** issues, Please contact:" followed by the email "MarylandModel@cms.hhs.gov".

Figure 2: Self-Registration Window

3. Enter the requested information.
4. Select **Register**.
5. A confirmation message displays.

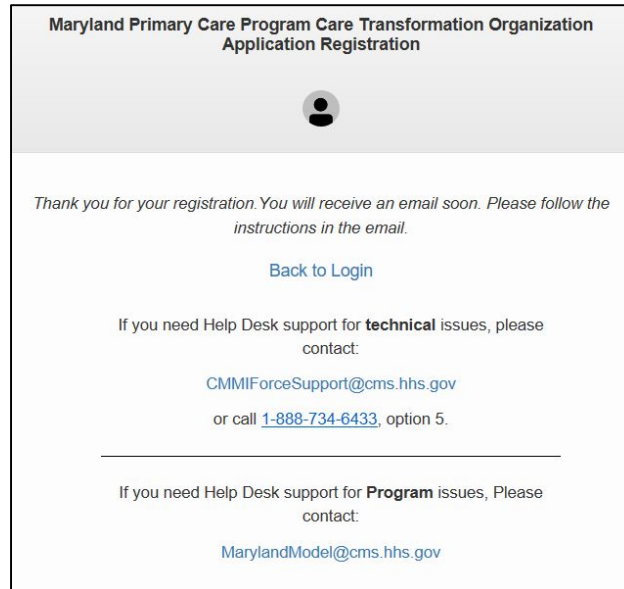
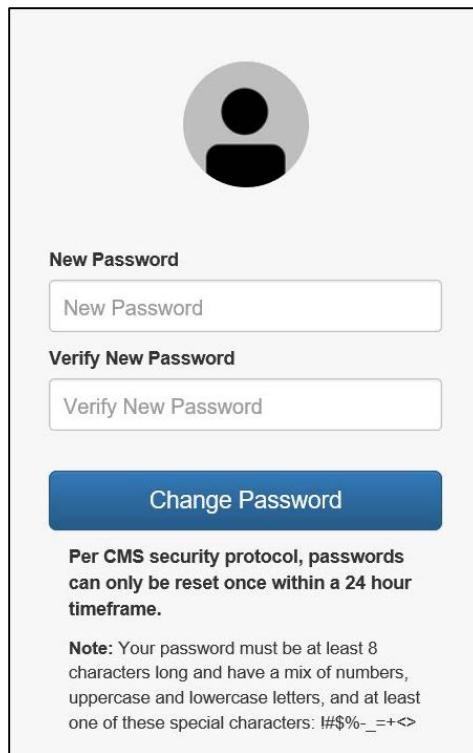


Figure 3: Application Registration Notification

6. The system will send you a registration notification email containing a username and a link to create a password.
7. Select the link provided in the email.
8. The MDPCP Portal Change Password window displays.
9. Enter your **New Password** and **Verify New Password**.
10. Select **Change Password**.

A screenshot of a 'Change Password' window. At the top is a circular placeholder for a user profile picture. Below it are two input fields: 'New Password' and 'Verify New Password'. A blue button labeled 'Change Password' is positioned below the input fields. At the bottom, there is a note about the CMS security protocol and a detailed password requirement note.

New Password

Verify New Password

Change Password

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

Note: Your password must be at least 8 characters long and have a mix of numbers, uppercase and lowercase letters, and at least one of these special characters: !#\$%-_+=<>

Figure 4: Change Password Window

3.3.2 Password Security

Your password expires every 60 days. To avoid a system lockout, you must change your password prior to expiration. The system will notify you by email five days before your password expires.

Per CMS security protocol, you can only reset passwords once within a 24-hour timeframe. For additional assistance, please email CMMIForceSupport@cms.hhs.gov.

After more than three failed login attempts within a 30-minute period, the system will temporarily disable your account for 15 minutes. You will then have three options:

- Login with your password after 15 minutes.
- Call the Help Desk at 1-888-734-6433, Option 5, to unlock your account within the lock-out period.
- Select the **Forgot Password?** link to reset your password.

3.3.3 Resetting Your Password

Verify the following items *prior* to requesting a new password:

- Verify that you are entering the correct username in the form of an email address, e.g., username@email.com.
- Verify that no extra blank spaces are added before or after your username.
- Verify that you do not have Caps Lock enabled on your keyboard. Passwords are case sensitive.

If you are unsuccessful logging into Salesforce after verifying the above items, please follow the instructions below:

1. Select **Forgot Password?** link on the login window.
2. The MDPCP Portal Forgot Password window displays.
3. Enter your **Username**.
4. Select **Submit**.

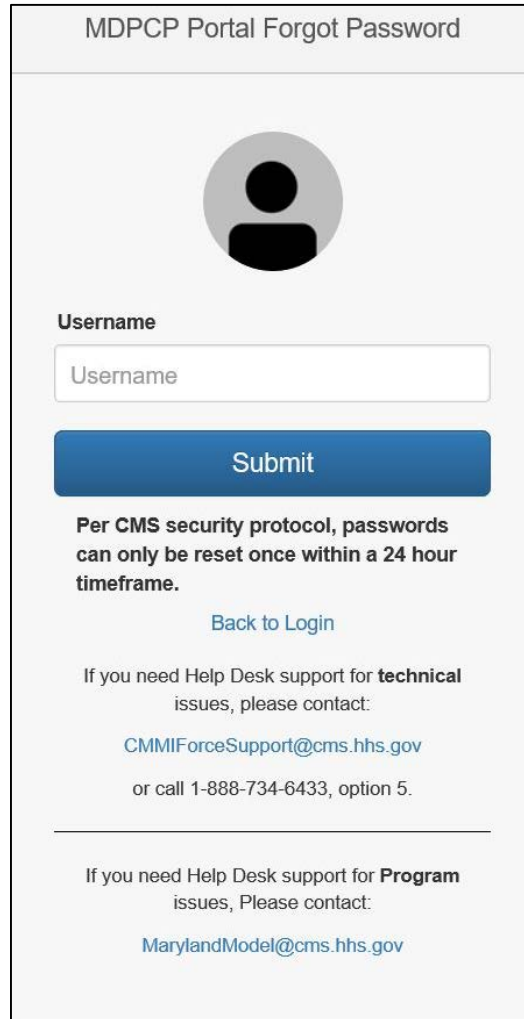
The image shows a web form titled "MDPCP Portal Forgot Password". At the top is a grey header bar with the title. Below the header is a large, light grey circle containing a black silhouette of a person's head and shoulders. Underneath the circle is the label "Username" in bold. Below the label is a white text input field with the placeholder text "Username". Below the input field is a blue rectangular button with the word "Submit" in white. Below the button is a paragraph of text: "Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe." Below this paragraph is a blue link labeled "Back to Login". Further down is another paragraph: "If you need Help Desk support for **technical** issues, please contact:". Below this is a blue email address link: "CMMIForceSupport@cms.hhs.gov". Below the email link is the text "or call 1-888-734-6433, option 5.". A horizontal line separates this section from the next. Below the line is another paragraph: "If you need Help Desk support for **Program** issues, Please contact:". Below this is a blue email address link: "MarylandModel@cms.hhs.gov".

Figure 5: Forgot Password Window

5. The system sends an email the registered email address with instructions on how to reset your password.
6. Select the **Link** in the email you received.
7. The MDPCP Portal Change Password window displays.
8. Enter a new password and verify it.

9. Select **Change Password**.

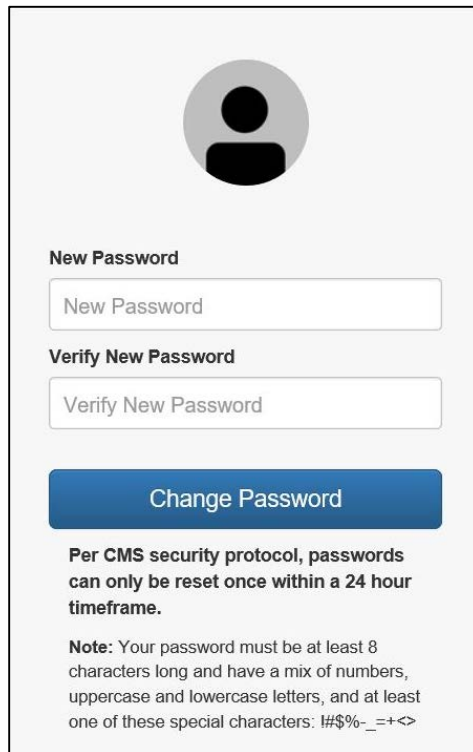
The image shows a 'Change Password' window. At the top is a circular placeholder for a user profile picture. Below this are two text input fields: 'New Password' and 'Verify New Password'. Under the 'Verify New Password' field is a blue button labeled 'Change Password'. At the bottom of the window, there is a security notice: 'Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.' followed by a 'Note' stating that passwords must be at least 8 characters long and contain a mix of numbers, uppercase and lowercase letters, and at least one of the special characters: !#\$%_+=<>.

Figure 6: Change Password Window

3.3.4 Password Guidelines

An error message will display if your password does not meet the following guidelines:

- It contains a minimum of 8 characters
- It contains a mix of numbers, uppercase and lowercase letters, and **at least one** of these special characters: !#\$%_+=<>.

NOTE: Passwords are case sensitive. Check the Caps Lock key when creating your password.

3.4 System Organization & Navigation

Each Portal page displays the following objects:

- A. The vertical navigation bar – select each tab to navigate to other Portal pages.
- B. A Welcome <username> drop-down menu.
- C. The unique Application Number, which auto-generates when an application starts.

Figure 7: System Navigation

Table 1: System Organization & Navigation – Vertical Tabs

Tabs	Function
Home	Navigates to the Home page to access an existing application.
Preliminary Questions	Navigates to the Preliminary Questions page to provide background information about the Organization.
General Questions	Navigates to the General Questions page to provide information about the Organization.
Contacts	Navigates to the Contacts page to enter applicant, organization, and Health IT contact information.
Patients, Payers and Service Area	Navigates to the Patients, Payers and Service Area page to provide the demographic makeup of the patient's population, language spoken, and the practice service area.
Health IT	Navigates to the Health Information Technology page to provide vendor information.
Care Delivery	Navigates to the Care Delivery page to provide information about the CTO organization.

Tabs	Function
Letters of Support	Navigates to the Letters of Support page to upload supporting documentation.
Certify and Submit	Navigates to the Certify & Submit page to certify and submit the application to participate in the MDPCP Model.

3.4.1 User Interface

- A red asterisk (*) indicates a field is required.
- Hover over the help bubble icon for additional information.

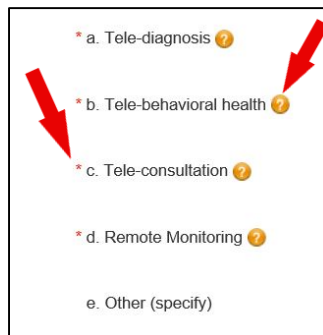


Figure 8: Red Asterisk and Help Bubble

3.4.2 Welcome Menu

The **Welcome <username>** drop-down menu displays on every page and includes links to navigate to:

- Home page
- Change Password
- Logout

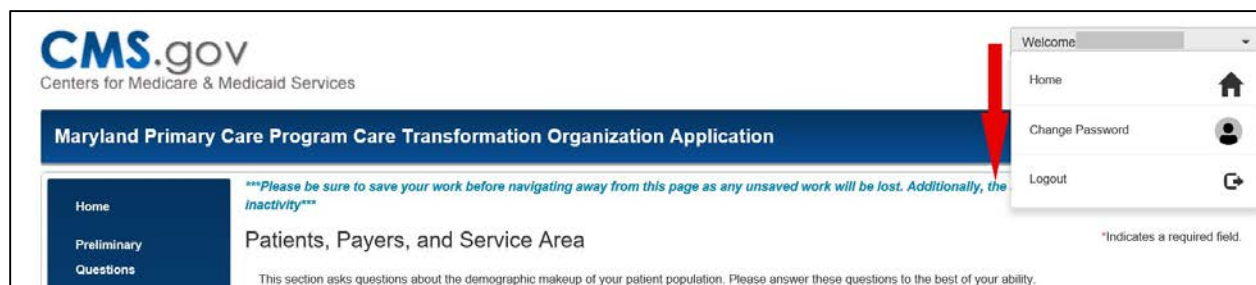


Figure 9: Welcome Bar Drop-Down Menu

3.4.3 Saving an Application

The **Save**, **Save and Continue**, and **Cancel** buttons display at the bottom of every application page.



Figure 10: Action Buttons

Table 2: Action Buttons

Action	Function
Save	Saves the current state of the fields within the application and refreshes the current page.
Save and Continue	Saves the current state of the fields within the application and navigates to the next page.
Cancel	Removes all input information since last saved.

3.5 Exiting the System

1. To log out of the Portal, hover over **Welcome <user name>** in the upper right corner of the screen.
2. The screen shows a drop-down menu.
3. Select **Logout**.

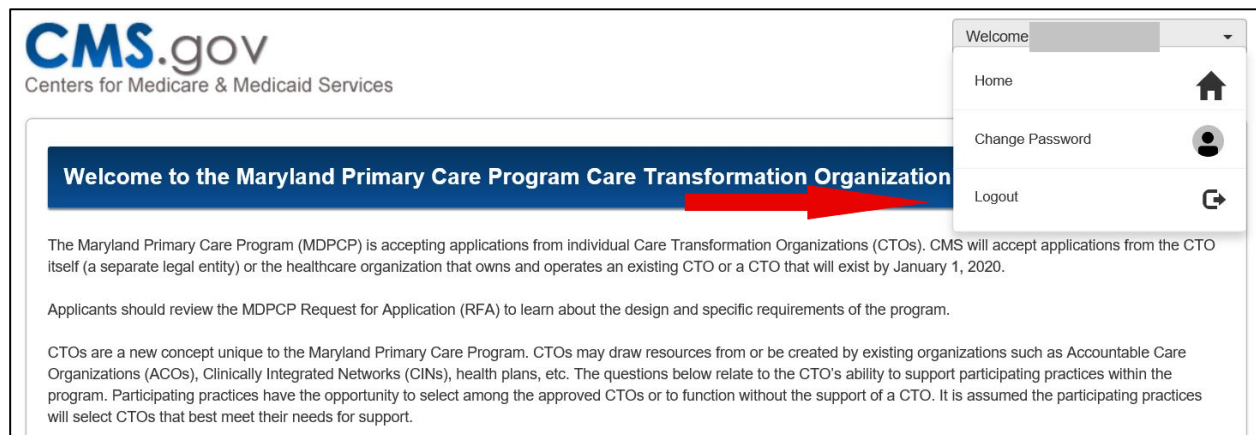


Figure 11: Logout

4. Using the System

The following sub-sections provide step-by-step instructions on how to use the functions of the MDPCP application portal. All answers are required. If a question is not answered, an error message displays when you select Save or Save and Continue at the bottom of any page.

4.1 Home Page

The Home page contains general application instructions for the MDPCP application.

In addition, the home page displays:

- A table that displays application details
- The Start a New Application button
- Your last login date and time
- Helpful Links

Welcome to the Maryland Primary Care Program Care Transformation Organization Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual Care Transformation Organizations (CTOs). CMS will accept applications from the CTO itself (a separate legal entity) or the healthcare organization that owns and operates an existing CTO or a CTO that will exist by January 1, 2021.

Applicants should review the MDPCP Request for Application (RFA) to learn about the design and specific requirements of the program.

CTOs are a new concept unique to the Maryland Primary Care Program. CTOs may draw resources from or be created by existing organizations such as Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), health plans, etc. The questions below relate to the CTO's ability to support participating practices within the program. Participating practices have the opportunity to select among the approved CTOs or to function without the support of a CTO. It is assumed the participating practices will select CTOs that best meet their needs for support.

If your organization will be creating a CTO specifically for the purposes of this program, please answer the application questions to the best of your ability based on your existing organizational structure.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Start a New Application

Application Summary	Application Year	Application Status
No applications to display		

Helpful Links

[Frequently Asked Questions \(FAQ\)](#)
[Glossary](#)
[User Manual](#)

Last Login: 05/06/2020 11:55 PM ET

Figure 12: Home Page

Table 3 describes each helpful link on the Home page.

Table 3: Home Page Helpful Links

Helpful Link	Function
Glossary/Key Definitions	Navigates to a new tab and displays the MDPCP glossary.

Helpful Link	Function
Frequently Asked Questions (FAQs)	Navigates to a new tab and displays the MDPCP FAQs.
User Manual	Navigates to a new tab and displays the user manual.

Table 4 describes the column headings in the new application table on the Home page.

Table 4: Home Page Table Description

Table Header	Value
Application Summary	An auto-generated application number.
Application Year	The year the application was created.
Application Status	The status of the application. For a full list of statuses, refer to Table 5.

Table 5 describes of the application status visible on the Home page.

Table 5: Application Status

Status	Description
In Progress	An application has been started but has not been completed.
Submitted	An application has been completed and submitted.
Under Review	An application is being reviewed by CMS.
Incomplete	An application was not completed before the submission deadline.

4.1.1 Start a New Application

You can submit only one application. Once you start an application, the **Start a New Application** button no longer displays on the Home page. You must delete an existing application to start a new application.

To start a new application:

1. Select the **Start a New Application** button.

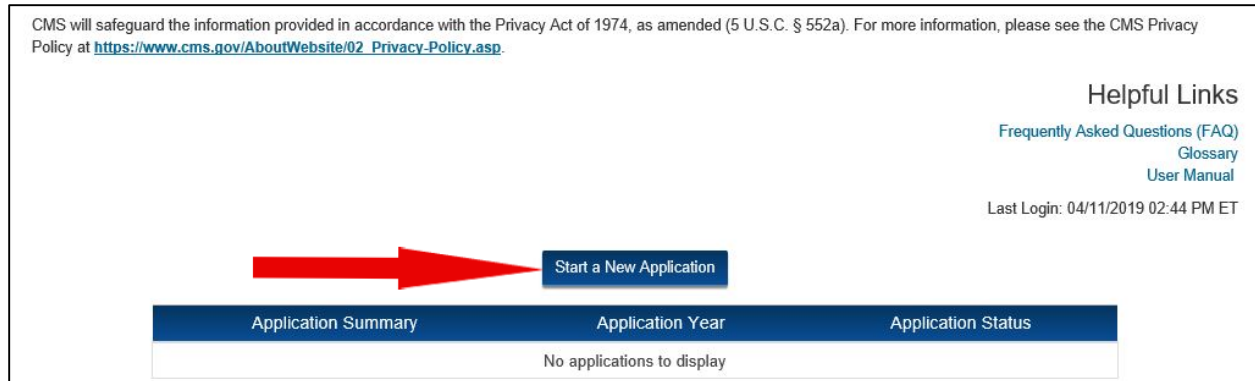


Figure 13: Start a New Application Button

2. The Tax Identification Number (TIN) window displays.
3. Enter your TIN.

If the TIN you entered already exists in the system, the **Continue** button is disabled. You must enter a unique TIN to continue the application.

Figure 14: TIN Window

4. Make a selection from the drop-down menu to answer the question.
 - a. If you select **Yes**, a drop-down will display to identify the TIN as an Employer Identification Number (EIN) or a Social Security Number (SSN).
 - b. If you select **No**, an additional field will display for entry of the TIN used to bill Medicare, along with a drop-down that will display to identify the TIN as an EIN or a SSN.
5. Enter the additionally requested information.
6. Select the **Continue** button.
7. The Preliminary Questions page displays.

4.2 Preliminary Questions

The Preliminary Questions page determines whether an organization meets the eligibility criteria to participate in the MDPCP.

1. Make a selection from the drop-down menu to answer the question.
 - a. If you select **Yes**, a text field displays that allows the applicant to enter additional information (2000 max character limit).

OR

- b. If you select **No**, no additional fields display.
2. Select **Save and Continue**.
3. The General Questions page displays.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Preliminary Questions *Indicates a required field.

This section focuses on background information about your organization. Information in this section will be used to determine whether your organization meets the eligibility criteria for participation in MDPCP. Where applicable, please answer these questions for the organization that is applying to participate in MDPCP (rather than the organization that owns and operates the CTO).

* 1. To the best of your knowledge, has anyone employed in your organization had a final adverse legal action (in Section 3 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose could be grounds for application denial or immediate termination from the initiative.

Yes ☒

Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.

Remaining characters: 2000 (total allowed characters: 2000)


Save Save and Continue Cancel

Figure 15: Preliminary Questions Page

4.3 General Questions

The General Questions page gathers information about the organization's structure and the organization's ownership.

1. For Question 1, enter text into the field as requested. A remaining character count displays as you enter text into the field.
2. Select a response to all required fields.
 - a. For Question 5, the TIN auto-populates with the number you provided in the TIN window.



Centers for Medicare & Medicaid Services

Welcome MD/PCIP CTO Contact 7

Maryland Primary Care Program Care Transformation Organization Application

MDCTO-0188

Home

Preliminary Questions

General Questions

Contacts

Patients, Payers, and Service Area

Health IT

Care Delivery

Letters of Support

Certify and Submit

****Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity.****

General Questions

*Indicates a required field.

The following section asks questions regarding the organizational structure and ownership of your organization. If you have a question about organization structure that is not addressed in the Request for Application (RFA) or in the Application Instructions, please contact CMS at MarylandModel@cms.hhs.gov

*1. Please provide a one-page summary describing your vision of how the CTO will avoid practices in delivery of care transformation under this program.

Remaining characters: 4000 (total allowed characters: 4000)

*2. Please indicate the status of the proposed CTO on which you have based your responses in this application:

- ☐ The proposed CTO is currently in existence.
- ☐ The proposed CTO is owned and operated by a healthcare organization and is currently in existence.
- ☐ The proposed CTO will be owned and operated by a healthcare organization and does not yet exist.

*3. Is your organization part of an ACO that is in or planning to apply to participate in a Medicare shared savings initiative as of January 1, 2021?

- ☐ Yes, my organization is part of an ACO that is participating in a Medicare shared savings model currently and will continue participation in 2021.
- ☐ Yes, my organization is part of an ACO that is currently applying to participate in MSSP starting January 1, 2021.
- ☐ No

*4. ACO Name

*5. Taxpayer Identification Number (TIN)

*6. Track level

*7a. Initiative

—None—

*7a. Organization Identifications

Note: The "Organization Site" name is your entity's legal name. If you use a different name for doing business, please enter it as your "DBA" name.

TIN Number - 999999/05

*7a. Organization Site Legal Name

*7a. Organization Site Name "doing business as" if different than the Legal Name

*7b. Street Address 1

*7c. Street Address 2

*7d. City

*7e. State

—None—

*7f. Zip Code

*7g. Organization Site Phone Number

*7h. Website (if applicable)

*8a. Is the Organization billing address the same as above address?

—None—

*8b. Is your organization owned by another health care organization, such as a physician group organization, hospital or health system?

—None—

*9. Describe the current legal structure of your organization.

Non-profit 501(c)(3)

*10. Is your proposed CTO organization legally permitted to assume financial risk?

No

*11. An organization selected as a CTO shall create a governing board to oversee its CTO activities. The governing board shall include primary care practitioners, specialists, and patient representatives to ensure recognition of diverse interests and perspectives in CTO functions.

Does your organization currently have or agree to create a governing board for the proposed CTO organization that includes health care providers and patient representatives?

—None—

*12. Please provide your Organizational NPI (Do not provide an NPI for an individual provider).

*13. Please provide your Organizational CCN.

Figure 16: General Questions Page

- Depending on your answers, additional fields may display for Question 3. Provide the requested information to continue the application.

*3. Is your organization part of an ACO that is in or planning to apply to participate in a Medicare shared savings initiative as of January 1, 2021?

☐ Yes, my organization is part of an ACO that is participating in a Medicare shared savings model currently and will continue participation in 2021.

☒ Yes, my organization is part of an ACO that is currently applying to participate in MSSP starting January 1, 2021.

☐ No

*i. ACO Name

*ii. Taxpayer Identification Number (TIN)

iii. Track level

*iv. Initiative

Figure 17: General Questions Page – Medicare Shared Savings

- Complete the fields as requested.
- Select the **Save** button.
- The system adds the information you entered to the table.
- If you select **No** for Question 4b, additional fields appear for entry of Billing Address information. These fields are identical to the fields in questions 4a.i through 4a.ix. Provide the requested information in the new fields to continue the application.

8. If you select **Yes** for Question 5, additional fields display to enter the owner organization information. Provide the requested information to continue the application.

*4b. Is the Organization billing address the same as above address?

Yes ▼

*5. Is your organization owned by another health care organization, such as a physician group organization, hospital or health system?

Yes ▼

*a. What is the name of the organization?

*b. Corporate Street Address 1

c. Corporate Street Address 2

*d. Corporate County

*e. Corporate State

--None-- ▼

*f. Zip Code

*g. Corporate Phone Number

*h. How many other primary care organization sites are part of this organization?

*i. How many physicians and nurse practitioners are part of this organization?

*j. Are practices affiliated with this organization applying to participate in MDPCP?

--None-- ▼

*k. Does your organization share a TIN for billing with other organizations that are part of the same health group or system?

--None-- ▼

*6. ☐ For profit corporation ion.

Non-profit 501(c)(3)

For profit corporation ▼

Figure 18: Additional Questions

9. After you complete all required fields, select **Save and Continue**.
10. The Contacts page displays.

4.4 Contacts

The Contacts page gathers demographic information about you, your organization, and Health IT contacts *within* your organization.

1. Select the **Applicant Contact** type link.
2. The Applicant Contact window displays.

Figure 19: Contacts Page

3. Complete the fields as requested.
4. Select the **Save** button.

Figure 20: Applicant Contact Window

5. The Applicant Contact information displays in the Contacts table on the Contacts page.
6. Select the **Clear** link to delete the contact entered.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Contacts *Indicates a required field.

Type	First Name	Last Name	Action
*Applicant Contact	Test	Test	Clear
*Organization Contact			
*Designated Official			

Continue

Figure 21: Contacts Page – Contacts Table Applicant Contact

7. Select the **Organization Contact** link.
8. A drop-down menu displays.
 - a. If you select **Yes**, you do not need to enter Organization Contact details.
 - OR
 - b. If you select **No**, enter Organization Contact details.

Organization Contact ✕

*Indicates a required field.

*Is the Organization Contact the same as the Applicant Contact?

--None--

--None--

Yes

No

Save Close

Figure 22: Organization Contacts Page

9. Select the **Save** button.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Contacts *Indicates a required field.

Type	First Name	Last Name	Action
*Applicant Contact	Test	Test	Clear
*Organization Contact	Test	Test	Clear
*Designated Official			

Continue

Figure 23: Contacts Page – Contacts Table Organization Contact

10. Select the **Designated Official** link.
11. The Designated Official window displays.
12. Complete the fields as requested.

13. Select the **Save** button.
14. The Designated Official information displays in the Contacts table on the Contacts page.
15. After completing all contact types, the information displays in the table.
16. Select the **Continue** button. Because the information entered in the popup windows has been saved, no save options are present.
17. The Patients, Payers, and Service Area page displays.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Contacts

*Indicates a required field.

Type	First Name	Last Name	Action
*Applicant Contact	Test	Test	Clear
*Organization Contact	Test	Test	Clear
*Designated Official	Test	Test	Clear

Continue

Figure 24: Contacts Page – Contacts Table Designated Official

4.5 Patients, Payers, and Service Area

The Patients, Payers, and Service Area page gathers demographic information about the patient population.

1. Complete all questions as requested.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Patients, Payers, and Service Area

*Indicates a required field.

This section asks questions about the demographic makeup of your patient population. Please answer these questions to the best of your ability.

*1. Select your preferred service area(s):

☐ Statewide

☐ Allegany County ☐ Anne Arundel County ☐ Baltimore County ☐ Baltimore City

☐ Calvert County ☐ Caroline County ☐ Carroll County ☐ Cecil County

☐ Charles County ☐ Dorchester County ☐ Frederick County ☐ Garrett County

☐ Harford County ☐ Howard County ☐ Kent County ☐ Montgomery County

☐ Prince George's County ☐ Queen Anne's County ☐ Saint Mary's County ☐ Somerset County

☐ Talbot County ☐ Washington County ☐ Wicomico County ☐ Worcester County

*2. What is the maximum number of practices you would be willing to work with?

*3. Is your organization formally partnered with other health improvement organizations and community groups, including Local Health Departments, Local Health Improvement Coalitions, Health Enterprise Zones, Regional Partnerships, and similar community collaborations?

Figure 25: Patients, Payers, and Service Area Page

2. Select the checkboxes for each county in Maryland where you will provide services. If all counties are applicable, select the **Statewide** checkbox and all counties will be selected.
3. Enter the maximum number of practices you are willing to work with.

4. For Question 3, select an answer from the dropdown. If you select **Formally** or **Informally**, a text box will appear. Enter the other health improvement organizations you are partnered with either formally or informally.
5. Select the **Save and Continue** button.
6. The Health Information Technology page displays.

4.6 Health Information Technology

The Health Information Technology page allows you to add up to five new vendors.

1. Select the **Add Vendor** button.

Figure 26: Health Information Technology Page

2. The Add New Health IT window displays.
3. Complete the fields as requested.
4. Select the **Save** button.

Figure 27: Add New Health IT Window

5. The information displays in the table.
 - a. Select **Edit** to edit the vendor information.

OR

- b. Select **Delete** to delete the entry.

Home
Preliminary Questions
General Questions
Contacts
Patients, Payers, and Service Area
Health IT

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Health Information Technology

*Indicates a required field

1. Please provide the following information for the primary certified EHR system used by your organization and any additional health IT tools that your organization uses (e.g. care management system), if applicable.

[Add Vendor](#)

Vendor Name	Product Name	Version	Action
Vendor	Product	1	Edit Delete

Figure 28: Health IT Page – Added Vendor Table

- For Question 2, select all the applicable checkboxes that satisfy the question.
- Select the **Save and Continue** button.
- The Care Delivery page displays.

4.7 Care Delivery

The Care Delivery page gathers information about the ability of your proposed CTO organization to support the requirements of primary care practices under the program.

- Enter text into the field for Question 1.
- Select **Add** to add new care team members.

Home
Preliminary Questions
General Questions
Contacts
Patients, Payers, and Service Area
Health IT
Care Delivery
Letters of Support
Certify and Submit

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Care Delivery

*Indicates a required field

The following questions gather information about the ability of your proposed CTO organization to support the requirements of primary care practices under the program. For each question indicate if the answer is based on the current or planned future activities of your proposed CTO organization.

* 1. Please lay out your approach to care delivery transformation that will exist for the applicant CTO.

Remaining characters: 2000 (total allowed characters: 2000)

Care Teams and Care Management

* 2. Please indicate if you employ (or if a new organization intends to employ) the following care team members and how many of each category.

[Add Care Team Member](#)

Category	Currently in place (How Many?)	Planned for future (How many?)	Action
No data to display			

Figure 29: Care Delivery Page

- The Add New Care Team Member window displays

4. Select a **Category** from the drop-down menu. If you select **Care Managers Other** or **Other**, please specify the category in the **Other** field.

The screenshot shows the 'Add New Care Team Member' window. The 'Category' dropdown menu is open, displaying a list of roles: None, Care Managers - RNs, Care Managers - Medical Assistants, Care Managers - Other, Licensed Social Workers, Behavioral Health Counselor, Community Health Workers, Practice Transformation Consultants, Pharmacists, Nutritionist, Psychiatrist, Psychologist, Administrative Support, Health IT Support, Billing/Accounting Support, Data Analysts, and Other. The 'Save' and 'Cancel' buttons are visible on the right.

Figure 30: Care Team Member Categories

5. After you select a category, two check boxes display. Select at least one check box:
 - a. **Currently in place**
 - OR
 - b. **Planned for future**

The screenshot shows the 'Add New Care Team Member' window. The 'Category' dropdown is set to 'Care Managers - RNs'. Below it, there are two checkboxes: 'Currently in Place' and 'Planned for Future', both of which are currently unchecked. The 'Save' and 'Cancel' buttons are visible at the bottom right.

Figure 31: Add New Care Team Member

6. Enter a number in the **How many?** field.

The screenshot shows the 'Add New Care Team Member' window. The 'Category' dropdown is set to 'Care Managers - RNs'. The 'Currently in Place' checkbox is checked, and the 'Planned for Future' checkbox is also checked. Below each checked checkbox is a 'How many?' input field. The 'Save' and 'Cancel' buttons are visible at the bottom right.

Figure 32: Add New Care Team Member Window

7. Select the **Save** button.
8. The information displays in the **Care Teams and Care Management** table.
 - a. Select **Edit** to edit the Care Team Member information.

OR

- b. Select **Delete** to delete the entry.

Add Care Team Member

Category	Currently in place (How Many?)	Planned for future (How many?)	Action
Care Managers - RNs	1	1	Edit Delete

Figure 33: Care Teams and Care Management Table

9. Select an option for Questions 3 and 4.
10. Select an option for Question 5. If you select **Currently in place** or **Planned for future**, a text box displays to describe the methodology within the 2000-character limit. Enter a description of the methodology into the text box.
11. Select a response for Question 6.

12. Select a response for Question 7. If you select **Currently in place** or **Planned for Future**, additional information is required. You must provide the requested information in these fields to continue the application.

* 3. Do you have the ability to characterize needs of sub-populations for high-risk patients, identify a practice's capability to meet those needs, and ensure needs are longitudinally met?

Planned for future ☒

* 4. Would you be able to assist a practice to implement self-management support for at least three high-risk conditions?

Currently in place ☒

Data and Quality Measurement

* 5. Does your organization collect, report, and interpret quality metrics for practices?

Planned for future ☒

* Please describe the methodology

test

Remaining characters: 1996 (total allowed characters: 2000)

* 6. Does your organization have the technical infrastructure in place to share data from CMS and participating practices with organizations, CRISP, and other entities on cost, utilization, and quality at regular intervals (e.g., quarterly)?

Currently in place ☒

* 7. Does your organization use a standard method or tool(s) to stratify patients by risk level?

☐ Currently in place

☐ Planned for future

☐ Not a current or planned activity or service

Figure 34: Care Delivery Page – Data and Quality Measurement

13. Select an option for Questions 8, 9, and 10.

* 8. Would you be able to implement a risk-stratification process?

Currently in place

Utilization and Resources

* 9. Would you be able to assist practices to implement or facilitate collaborative care agreements with at least two groups of specialists?

Planned for future

* 10. Would you be able to assist practices to convene or facilitate a patient-family advisory council (PFAC) at least twice annually and assist practices to integrate recommendations into care delivery, as appropriate?

Planned for future

Figure 35: Care Delivery Page – Utilization and Resources

14. Select a response for Question 11. If you select **Yes** for **Develop a workflow to integrate referrals (warm hand-offs) to the BH specialist**, a drop-down displays to select Option Number 1 or Option 2.

Behavioral Health and Community Resources

*11. Do you have the ability to assist practices to integrate behavioral health into care based on one of the options below?

Option 1: Care Management for individuals with the identified behavioral health condition should be offered proactive, relationship-based care management (CM), with specific attention to care management of the behavioral health condition (e.g., Major Depressive Disorder/Dysthymia, Generalized Anxiety Disorder, and Panic Disorder). Practices that develop their capabilities to deliver behavioral health care management will.

- Select behavioral health condition(s) to prioritize and methods to identify patients to target for care management. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify or develop stepped care, evidence-based, treatment algorithms for behavioral health condition(s) identified for care management. Incorporating principles of shared decision making and self-management support.
- Develop a workflow for screening, enrollment in integrated care services, tracking, and communicating with patients.
- Identify a clinician or team member (e.g., RN or BH specialist) who will provide care management and ensure training to support stepped care approach.

Option 2: Primary Care Behaviorist Program (PC Behaviorist)

The PC Behaviorist program integrates BH into the PC workflow through warm handoffs to a co-located BH professional to address behavioral health in the primary care setting and behavioral strategies for management of chronic general medical illnesses, and facilitate specialty care engagement for serious mental illness. Practices that develop their capabilities to deliver the primary care behaviorist program will.

- Select behavioral health condition(s) to prioritize and method to identify patients to target for referral to the primary care behaviorist. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify a credentialed BH provider (e.g., psychologist, social worker) trained in the primary behaviorist program of co-located care.
- Identify space in the primary care practice for the BH provider, test and implement a method for engaging BH services.
- Develop a workflow to integrate referrals (warm hand-offs) to the BH specialist.

Yes

*Option Number

--None--

Figure 36: Care Delivery Page – Additional Utilization and Resources

15. Select a response for Questions 12, 13, and 14.

* 12. Would you be able to assist practices to implement or facilitate collaborative care agreements on behalf of practices with at least two public health organizations based on patient's psychosocial needs, as appropriate?

--None--

* 13. Would you be able to support practices to link patients to supportive community-based resources through active coordination between the health system, community service agencies, and patients and accomplished by a designated staff person?

--None--

Access

* 14. Would you be able to support practices to regularly offer at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population, such as telemedicine, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends?

* a. Tele-diagnosis ? --None--

* b. Tele-behavioral health ? --None--

* c. Tele-consultation ? --None--

* d. Remote Monitoring ? --None--

e. Other (specify) Please specify --None--

Save Save and Continue Cancel

Figure 37: Care Delivery Page – Access

16. Select **Save and Continue**.

17. The Letter of Support page displays.

4.8 Letter of Support

Two letters of support are required to submit an application:

- Clinical Leadership
- Practice

1. Select **Upload Letter of Support**.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Letters of Support *Indicates a required field.

Organizations will need to submit several letters of support with their application:

*1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all organizations applying to participate in MDPCP must attach a letter of support from at least one physician leader in the organization.

This letter shall describe how the organization and its care team intends to engage with the practice to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with organization staff and the patient community. This letter shall be no more than one page.

Upload Letter of Support

File Name	Upload Date	Time
No attachments to display		

*2. Letter of support from a practice:

This letter can be from any practice with whom the CTO has a relationship. In addition to answering all questions in the application and providing any required supporting documentation, all organizations applying to participate in MDPCP must attach a letter of support from at least one practice (can upload up to two).

This letter shall describe how the practice views the engagement of the CTO that will support the MDPCP. The letter can discuss how well, and in what capacity, the applicant organization has worked with the practice previously. This letter shall be no more than one page.

Upload Letter of Support

File Name	Upload Date	Time
No attachments to display		

Continue

Figure 38: Letters of Support Page

2. The Upload Documents window displays.

Upload Documents

Select a File

Browse...

Note: There is 25MB limit on your file upload.

Upload File **Close**

Figure 39: Upload Documents Window

3. Select **Browse...** to navigate to the file in your directory.
4. Select **Upload File** button.
5. A confirmation message displays. You can only upload PDF and MS Word files.
6. Select **X** to exit the window or the **Close** button.

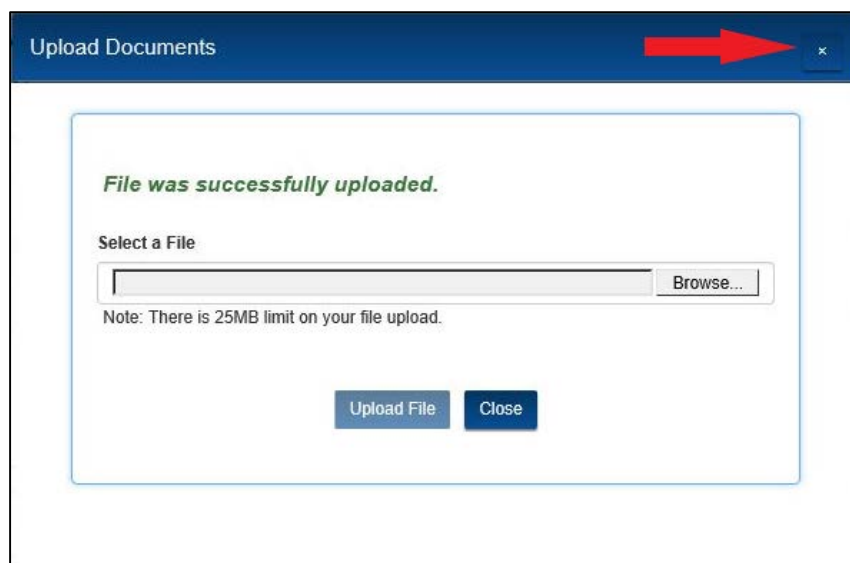


Figure 40: Upload Documents Window – Confirmation Message

7. The uploaded document displays in the Letter of Support table.
8. To delete a document uploaded, select **Delete** link.

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity

Letters of Support *Indicates a required field.

Organizations will need to submit several letters of support with their application:

*1. Letter of support from clinical leadership:
 Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all organizations applying to participate in MDPCP must attach a letter of support from at least one physician leader in the organization.

This letter shall describe how the organization and its care team intends to engage with the practice to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with organization staff and the patient community. This letter shall be no more than one page.

File Name	Upload Date	Time	
IDOS Letter Of Support.docx	04/12/2019	02:19 PM	Delete

Figure 41: Letter of Support Page

9. Repeat steps 1 through 5 for Question 2.
10. Once both letters are uploaded, select **Continue**.
11. The Certify & Submit page displays.

4.9 Certify & Submit

The Certify & Submit page displays a checklist of all documents required to submit the application.

1. You must select all five checkboxes to submit the application.
2. To preview the application, select **Preview Your Application**.
3. Select **Submit**.

Note: **Submit** is disabled unless you select all checkboxes.

Figure 42: Certify & Submit Page

4. The Application Submission window displays.
5. Select **Submit**.

Figure 43: Application Submission Window

6. A list of validation errors displays if there are any required unanswered questions.
7. Select each error to correct it.

Figure 44: Validation Errors

8. Select **Submit** again once you have corrected all errors.
9. The application displays as Submitted on the Home page.



Figure 45: Home Page with Submitted Application

4.10 In Progress Application

Once you start and save an application, it displays in the table on the Home page. The Start a New Application button does not display while an application is In Progress.

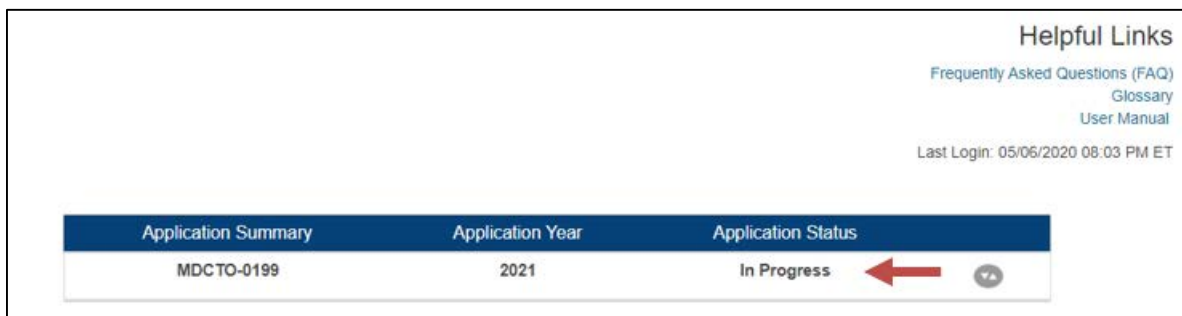


Figure 46: Application In Progress

1. Select the arrow to display links to the application pages.
2. Select the Application PDF link to view a PDF version of the application.
3. Select any of the application page links to edit an application.

4. Select the **Delete Application** link to delete an existing application. You can only delete **In Progress** applications.

Helpful Links
[Frequently Asked Questions \(FAQ\)](#)
[Glossary](#)
[User Manual](#)
 Last Login: 05/06/2020 08:03 PM ET

Application Summary	Application Year	Application Status
MDCTO-0199	2021	In Progress
Delete Application		
Application PDF		
Preliminary Questions		
General Questions		
Contacts		
Patients, Payers, and Service Area		
Health IT		
Care Delivery		
Letters of Support		
Certify and Submit		




Figure 47: Application Page Links

5. Troubleshooting & Support

5.1 Error Messages

There are no system error messages in this application.

Error messages that display when the user incorrectly fills in a form or doesn't fill in a required field are self-explanatory popups or are listed at the top of a page as shown in section 4.9

5.2 Special Considerations

This section is not applicable; there are no special considerations.

5.3 Support

All support the Salesforce Help Desk provides is noted in Section 3.

Table 7 displays shortcuts to help you navigate the portal website.

Table 6: Shortcut Keys

Shortcut Key	Function
Ctrl +	Zooms into your browser window and enlarges the image.
Ctrl -	Zooms out of your browser window and reduces the image.
Right click your mouse	Additional actions display in a drop-down menu.

Appendix A: Record of Changes

Table 7: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	04/15/2017	Adam Stevenson	Initial Draft
0.2	04/17/2019	Sujatha Errapothu	Peer Reviewed the content.
0.3	04/17/2019	Adam Stevenson	Incorporated feedback
0.4	04/18/2019	Sam Peterson	QA review
0.5	04/19/2019	Adam Stevenson	Responded to QA
1.0	04/22/2019	Sam Peterson	QA cleanup and final
1.1	05/05/2020	Aneesh Joshi	ER-3 Updates
1.2	05/07/2020	Theresa McWhorter	Peer Reviewed
1.3	05/07/2020	Sujatha Errapothu	Peer Reviewed
1.4	05/12/2020	Sam Peterson	QA reviewed
1.5	05/13/2020	Aneesh Joshi	Reviewed
1.6	05/13/2020	Sam Peterson	Returned for author queries
1.7	05/14/2020	Aneesh Joshi	Responded to QA
2.0	05/14/2020	Sam Peterson	Finalized
2.1	05/15/2020	Aneesh Joshi	Incorporated minor edits based on model team feed-back

Appendix B: Acronyms

Table 8: Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
CIN	Clinically Integrated Networks
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CTO	Care Transformation Organization
EIN	Employer Identification Number
FAQ	Frequently Asked Question
HHS	Department of Health and Human Services
IE	Internet Explorer
MDPCP	Maryland Primary Care Program
RFA	Request for Application
SSN	Social Security Number
TIN	Tax Identification Number
XLC	CMS eXpedited Life Cycle

Appendix C: Glossary

Table 9: Glossary

Term	Acronym	Definition
N/A		

Appendix D: Referenced Documents

Table 10: Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
N/A		

Appendix E: Approvals

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

Table 11: Approvals

Document Approved By	Date Approved
----- Name: <Name>, <Job Title> - <Company>	----- Date
----- Name: <Name>, <Job Title> - <Company>	----- Date
----- Name: <Name>, <Job Title> - <Company>	----- Date
----- Name: <Name>, <Job Title> - <Company>	----- Date