



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

Maryland Primary Care Program (MDPCP)

Provider Request for Application (RFA) Portal

User Manual

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1. Introduction

This user manual provides step-by-step instructions on using the Maryland Primary Care Program (MDPCP) Provider Portal. The MDPCP Provider Portal allows applicants to complete an application online to participate in the program.

2. Overview

MDPCP is a collaborative initiative between the state of Maryland and the Centers for Medicare & Medicaid Services (CMS). Care Transformation Organizations (CTOs) are a new concept unique to MDPCP. Existing organizations, such as Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), health plans, etc., can provide resources for and create CTOs. Participating practices can select from among the approved CTOs or opt to function without the support of a CTO. The assumption is that participating practices will select 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 and provide alternative text. 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 browser window.

2.2.2 Information Systems

The Information Systems 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 web site 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. If you are using Microsoft® 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® IE 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 for this model.

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 Log In

You must complete a registration process when you access the MDPCP Portal for the first time.

1. Navigate to the URL: <https://app1.innovation.cms.gov/mdprov/mdprovLogin>.
2. Select **Register for Portal!**

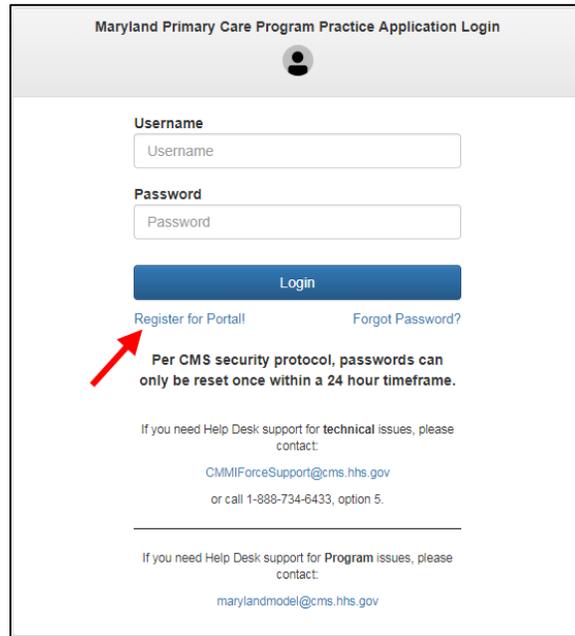


Figure 1: Login Page

3. The Maryland Primary Care Program Practice Application Registration page displays.

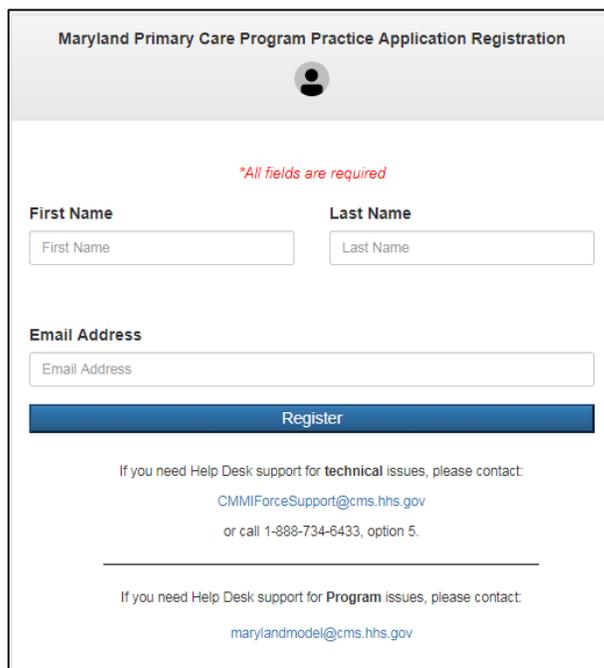


Figure 2: Self-Registration Page

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

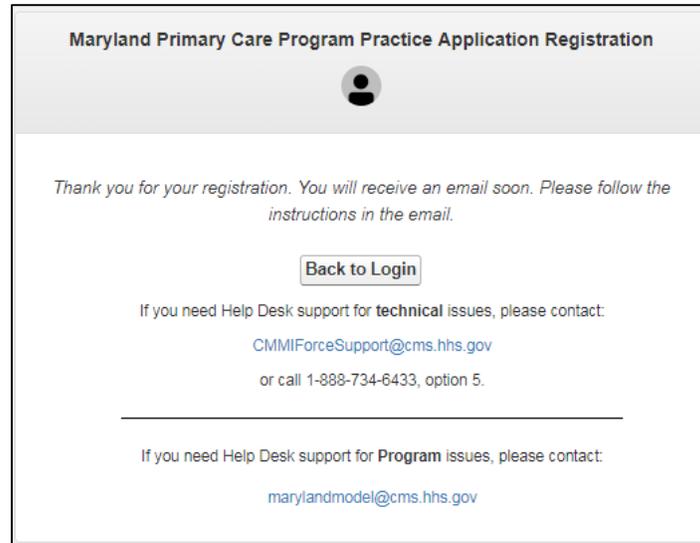


Figure 3: Application Registration Notification

7. You will receive a registration notification email containing a username and a link to create a password.
8. Select the link provided in the email.
9. The MDPCP Portal Change Password page displays.
10. Enter a new password and verify it.
11. Select **Change Password**.

MDPCP Portal Change Password



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 Page

3.3.2 Password Security

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

Per CMS security protocol, you may 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

1. Verify the following items *prior* to requesting a new password:
 - a. Verify that you are entering the correct username in the form of an email address (e.g., username@email.com).
 - b. Verify that no extra blank spaces are added before or after your user name.

- c. 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 the **Forgot Password?** link on the login page.
2. The **MDPCP Portal Forgot Password** page displays.
3. Enter your **Username**.

MDPCP Portal Forgot Password



Username

User Name

Submit

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

[Back to Login](#)

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 5: Forgot Password Page

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

MDPCP Portal Change Password

New Password

New Password

Verify 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 6: Change Password Page

9. Select **Change Password**.

3.3.4 Password Guidelines

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

- It contains a minimum of eight characters
- It contains a mix of numbers, uppercase and lowercase letters, and **at least one** of the following 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 is auto-generated when an application is started.
- D. Save, Save & Continue, and Cancel buttons display at the bottom of the page.

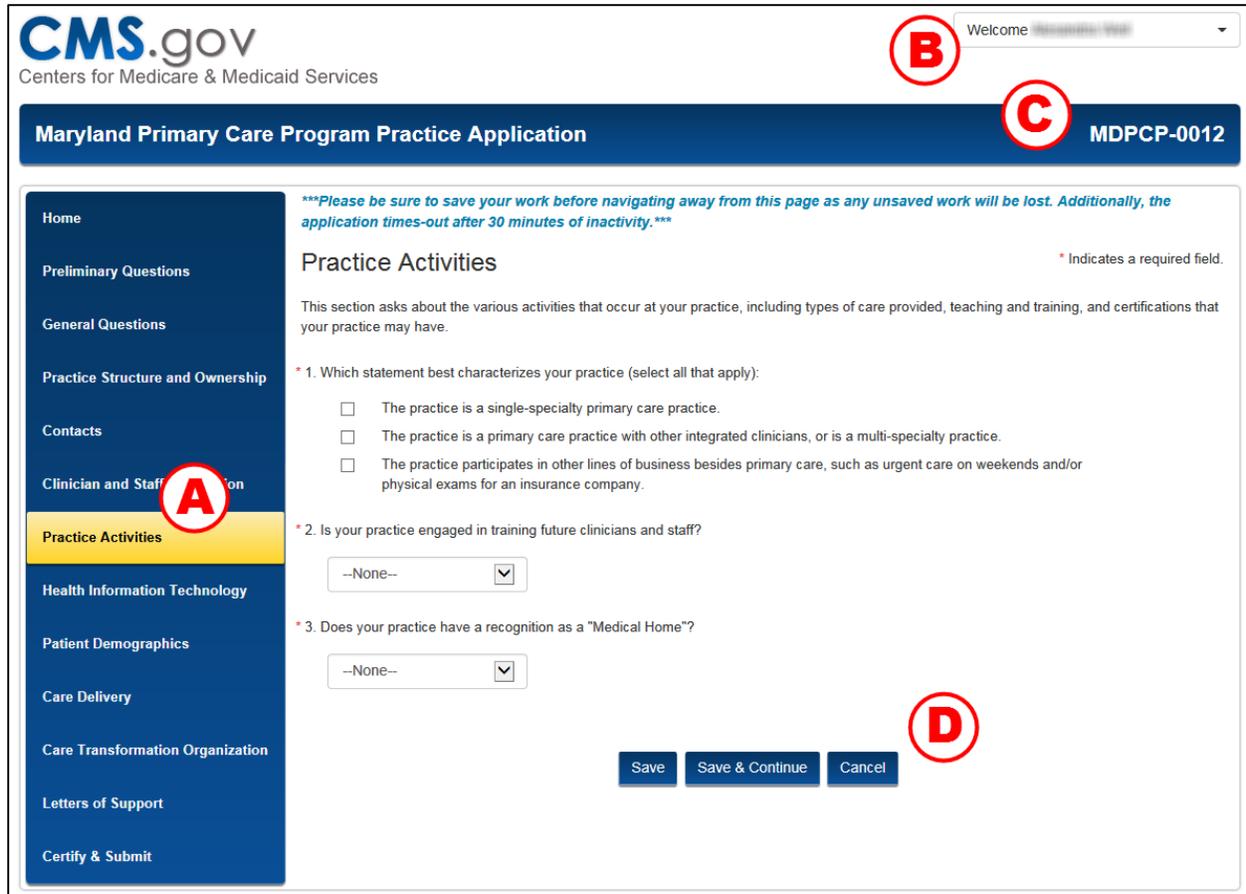


Figure 7: System Navigation

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.
Practice Structure and Ownership	Navigates to the Practice Structure and Ownership page to provide information about the Organization structure and ownership of the practice.
Contacts	Navigates to the Contacts page to enter Applicant, Practice, and Health IT contact information.
Clinician and Staff Information	Navigates to the Clinician and Staff Information page to enter information about the clinicians in the practice.
Practice Activities	Navigates to the Practice Activities page to enter information about the clinicians in the practice.

Tabs	Function
Health Information Technology	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.
Care Transformation Organization	Navigates to the Care Transformation Organization page to provide information on the CTO the practice intends to partner with, if any.
Letters of Support	Navigates to the Letters of Support page to upload supporting documentation.
Certify & Submit	Navigates to the Certify & Submit page to certify and submit the application to participate in the MDPCP.

Table 2: System Organization & Navigation – Action Buttons

Action	Function
Save	Saves the current state of the fields within the application and refreshes the current page.
Save & 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.
Continue	Navigates to the next page.

3.5 User Interface

- A red asterisk (*) indicates a field is required.
- The help bubble icon reveals additional information when you hover over it.

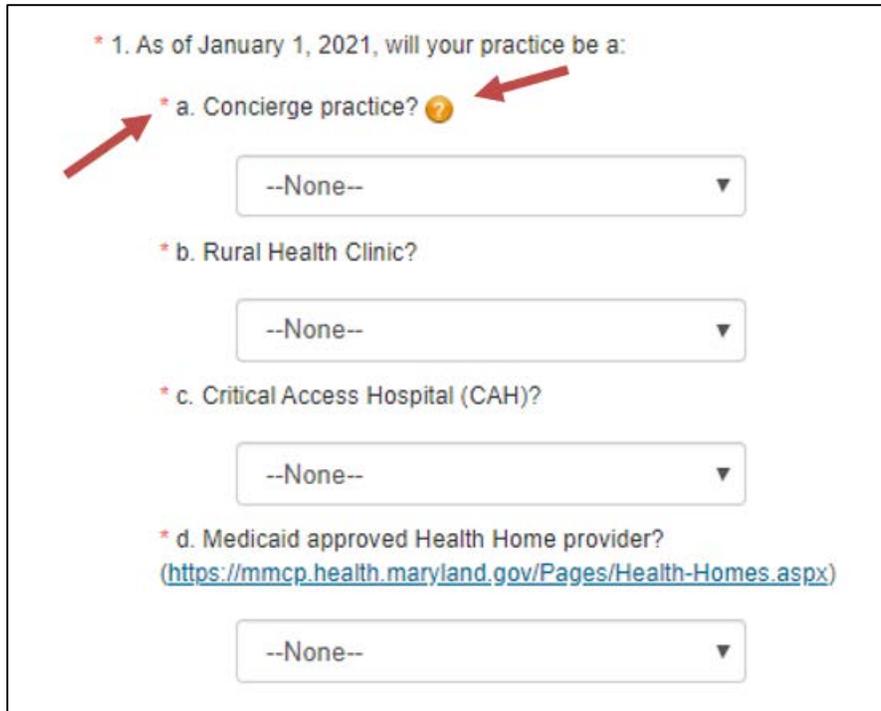


Figure 8: Help Bubble and Asterisk

3.5.1 Welcome Menu

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

- Home page
- Change Password link
- Logout link

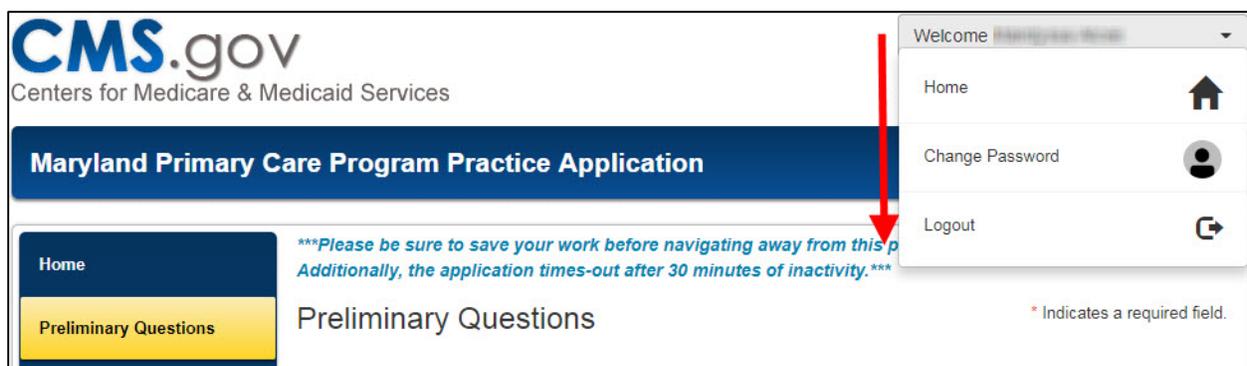


Figure 9: Welcome Bar Drop-Down Menu

3.6 Exiting the System

1. To log out of the portal, hover over **Welcome <user name>** in the upper right corner of the screen.
2. A drop-down menu displays.

3. Select **Logout**.



The screenshot displays the CMS.gov website header with the logo and text "Centers for Medicare & Medicaid Services". A user menu is open in the top right corner, showing options: "Welcome [User Name]", "Change Password" (with a user icon), and "Logout" (with a sign-out icon). A red arrow points to the "Logout" link. Below the header is a blue banner with the text "Welcome to the Maryland Primary Care Program Practice Application!". The main content area contains a paragraph about the Maryland Primary Care Program (MDPCP) and a note for practices interested in applying.

Welcome to the Maryland Primary Care Program Practice Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the Request for Application (RFA) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice.

Figure 10: Logout Link

4. Using the System

The following sub-sections provide step-by-step instructions on how to use the MDPCP Portal's functions.

All answers are required. If you do not answer any question, an error message displays when you select **Save** or **Save & Continue** at the bottom of any page.

4.1 Home Page

The Home page contains information about the MDPCP Provider application.

In addition, the Home page displays:

- A. A table which displays application details
- B. The Start New MDPCP Application button
- C. Your Last Login date and time
- D. Helpful Links

Welcome to the Maryland Primary Care Program Practice Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the Request for Application (RFA) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice. To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a CRISP representative certifying applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services by the beginning of the MDPCP performance year.

Track 1 of MDPCP targets practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the MDPCP RFA. Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs. In addition, Track 2 practices must also be able to receive partial capitation payments, and they are required to use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference, but will assign practices to either Track 1 or 2 based on responses to this application. Please note that all participating practices must be in Track 2 by the end of their third year in the program. CMS reserves the right to seek additional information from MDPCP applicants after the application period closes.

Questions about the MDPCP Application should be directed to MarylandModel@cms.hhs.gov. CMS may publicly share questions or responses, compile them into a Frequently Asked Questions compendium to ensure that all interested practices and CTOs have access to information regarding MDPCP.

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.

Helpful Links

- [Frequently Asked Questions \(FAQ\)](#)
- [Glossary](#)
- [CTO Comparison Tool](#)
- [User Manual](#)

Last Login: 04/27/2020 12:16 AM ET

Start New MDPCP Application

Application Summary	Application Year	Application Status	
MDPCP-1027	2021	In Progress	▼▲
MDPCP-1024	2021	In Progress	▼▲

Figure 11: Home Page

Table 3 below describes each helpful link on the Home page.

Table 3: Home Page Helpful Links

Helpful Link	Function
Frequently Asked Questions (FAQ)	Navigates to a new tab and displays the MDPCP Provider FAQs.
Glossary	Navigates to a new tab and displays the MDPCP Provider glossary.
CTO Comparison Tool	Navigates to the Maryland Department of Health website.
User Manual	Navigates to a new tab and displays the Provider user manual.

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

Table 4: Home Page Table Values

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

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

Table 5: Application Status

Status	Description
In Progress	An application was started but not completed.
Submitted	An application was completed and submitted.
Under Review	CMS is reviewing an application.
Incomplete	An application was not completed before the submission deadline.

4.1.1 Start a New Application

You can submit multiple applications. Once you start an application, it will show in the table below the Start New MDPCP Application button with the appropriate status.

To start a new application:

1. Select **Start New MDPCP Application**.



Figure 12: Start New MDPCP Application Button

2. The Preliminary Questions page displays.

4.2 Preliminary Questions

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

- For Questions 1a through d, select an option from the drop-down menu.

Figure 13: Preliminary Questions Page

For Question 1a:

- If you select **Yes**, a warning message displays.
- If you select **Continue**, the warning window closes and you can resume the application.
- If you select **Exit Application**, the Home page displays. You still have access to the application.

Figure 14: Warning Message for Question 1a

For Questions 1b, 1c, and/or 1d, if you select **Yes**, the following warning message displays.

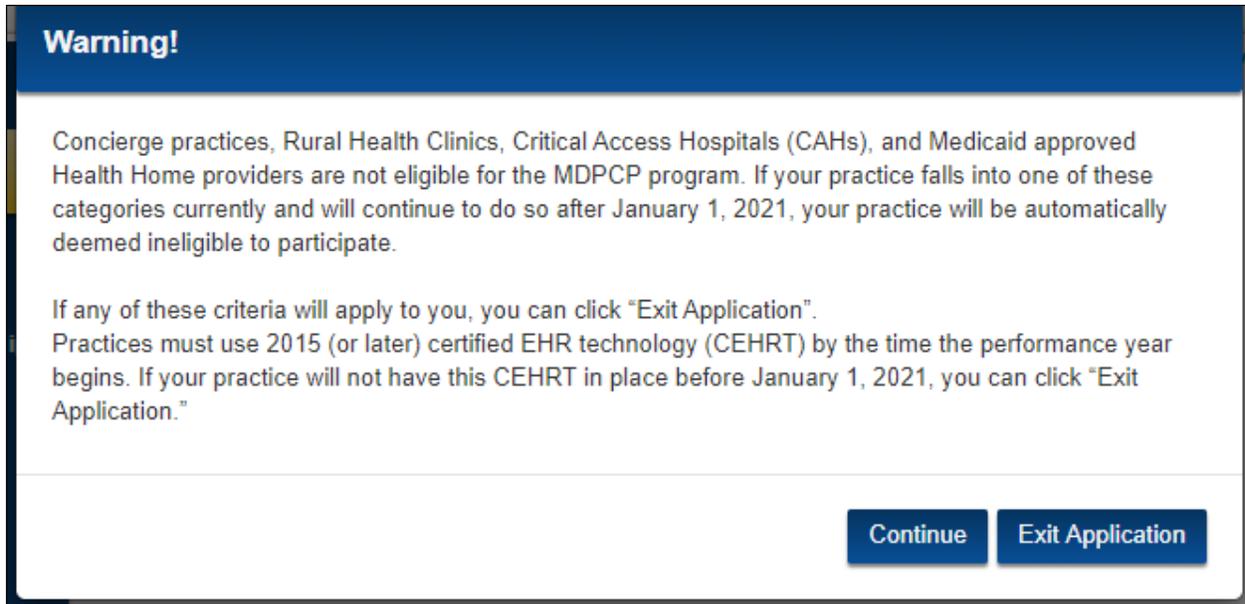


Figure 15: Warning Message for Question 1b, 1c, and/or 1d

2. For Question 2, select an option from the drop-down menu.
 - a. If you select **Yes**, a text field displays to enter additional information within the 2000-character limit. The information is required to continue with the application.

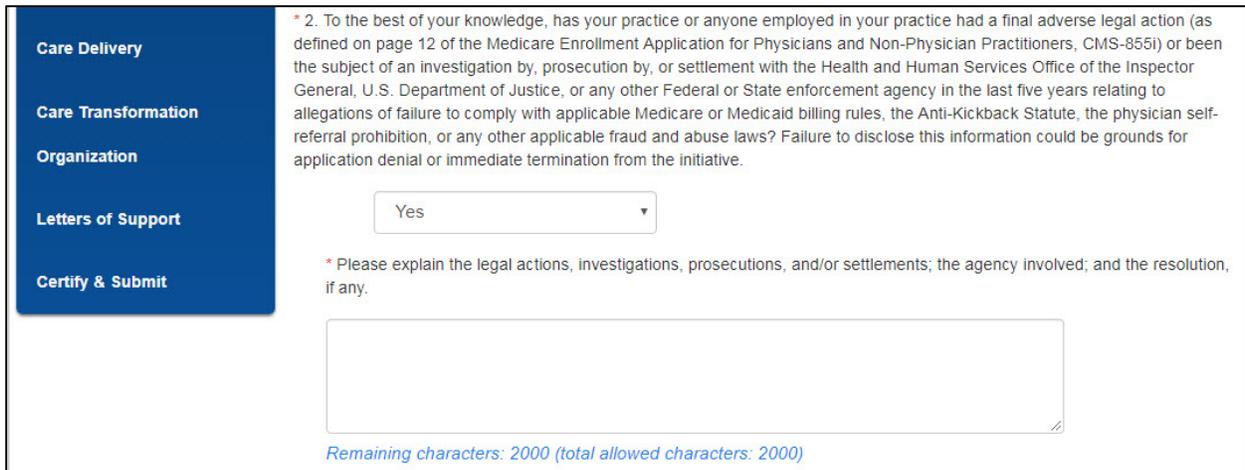


Figure 16: Preliminary Questions Page

3. For question 3, select an option from the drop-down menu.

- a. If you select **Yes**, a text field displays to enter additional information. The information is required to continue with the application.



* 3. Will your practice be using 2015 (or later) certified EHR technology (CEHRT) by January 1, 2021?

Yes ▾

* Provide CMS EHR Certification ID. If you do not know what your CMS EHR Certification ID is, more information can be found [here](#). The user guide to the site can be found [here](#).

Save Save & Continue Cancel

Figure 17: Preliminary Questions Page

4. Select **Save & Continue**.
5. The General Questions page displays.

4.3 General Questions

The General Questions page gathers information about your practice's background.

1. For Question 1, select all checkboxes that apply.

Figure 18: General Questions Page – Question 1

2. If you select **Next Generation ACO Model** or **ACO Investment Model (AIM)**, a warning window displays to enter the Planned Withdrawal Date.
3. Select a **Planned Withdrawal Date** from the pop-up calendar.
4. Select the **Continue** button.
5. The selected date displays on the General Questions page.

Figure 19: General Information Page – Q1 Warning Window

6. For Questions 2a, 2b, and 3, and 4 select or enter a response for all required fields.

2a. Practice Identification:

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

* i. Practice Site Legal Name

* ii. Practice Site Name Doing Business As (DBA)

* iii. Street Address 1

iv. Street Address 2

* v. City

* vi. State

* vii. Zip Code

* viii. Practice Site Phone Number

ix. Practice Site Fax Number

x. Website (if applicable)

* 2b. Is the Practice billing address same as the above address?

* 3. CMS will assign practices to Track 1 or 2 based on responses to this application. CMS will consider the preference for a practice to start the program in Track 1 or Track 2. All practices must meet the Track 2 requirements by the end of their third year of participation in the program. Please indicate your track preference below.

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

Figure 20: General Questions Page – Questions 2, 3, & 4

7. Select **Save & Continue**.
8. The **Practice Structure and Ownership** page displays.

4.4 Practice Structure and Ownership

The Practice Structure and Ownership page asks information about the organization's structure and ownership.

1. For Question 1, select an option from the dropdown.
 - a. If you select **Yes**, additional fields display.
 - b. If you select **No**, questions a through m will not display.
2. Enter or select a response for all required fields.

Home

Preliminary Questions

General Questions

Practice Structure and Ownership

Contacts

Clinician and Staff Information

Practice Activities

Health Information Technology

Care Delivery

Care Transformation Organization

Letters of Support

Certify & 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

Practice Structure and Ownership * Indicates a required field

This section asks questions about the organizational structure and ownership of your practice. If you have a question about practice structure that addressed in the Request for Applications (RFA) or in the Application Instructions, please contact CMS at MarylandModel@cms.hhs.gov.

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

* a. What is the name of the Organization?

* b. Corporate Street Address 1

c. Corporate Street Address 2

* d. Corporate County

* e. Corporate State

* f. Corporate Zip Code

* g. Corporate Phone Number

Figure 21: Practice Structure and Ownership Page

3. For Question 2, select an option from the dropdown.
4. For Question 3, enter the **Practice's Organizational NPI**. Unless you are applying as an FQHC, this number can be either a CCN or a PTAN. If you are applying as an FQHC, you must provide a CCN.
 - a. The NPI must be 10 numeric characters only and cannot contain leading zeros. Please note that the field clears out if the entry doesn't meet the requirements stated above.
5. For Question 4, enter your Organization's **Medicare Provider number**.
 - a. Medicare Provider number is alpha-numeric and allows up to 15 characters.

Question 4 has two sub-questions:

4a. Indicate if this is a CCN or PTN.

4b. Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN to participate in MDPCP).

* If you select the PTAN option from Question 4a and Yes from Question 4b, you must enter a CCN number.

* If you select the CCN option from Question 4a and Yes from Question 4b, then you need to enter an additional CCN number.
6. Select **Add a New TIN** to list Tax Identification Numbers (TINs).

* 2. Does your practice use more than one billing TIN?

No

* 3. Please provide your Practice's Organizational NPI (Do not provide an NPI for an individual provider).

1111111116

* 4. Please provide your Organization's Medicare Provider number.

88899980

* a. Indicate if this is a CCN or PTAN.

CCN

* b: Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN in order to participate in MDPCP).

Yes

* 5. Please specify whether this is your primary billing TIN to be used for MDPCP or if it's a TIN that you have used to bill Medicare within the last 3 years (Enter only 1 primary TIN for use in MDPCP).

Add a New TIN

TIN	Primary TIN for use in MDPCP or Last 3 years	Action
No Tins were entered.		

Showing 0 to 0 of 0 entries Previous Next

* 2. Does your practice use more than one billing TIN?

No

* 3. Please provide your Practice's Organizational NPI (Do not provide an NPI for an individual provider).

1111111116

* 4. Please provide your Organization's Medicare Provider number.

88899980

* a. Indicate if this is a CCN or PTAN.

CCN

* b: Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN in order to participate in MDPCP).

Yes

Figure 22: Practice Structure and Ownership Page

7. The **Add a New TIN** window displays.
8. Enter the **TIN**.
9. Enter the TIN in **Re-type TIN**.
10. The **TIN** cannot contain leading zeros and must be nine numerical characters only.

Select an option to specify whether this is the primary billing TIN that you will be using for MDPCP or if this is an historical TIN that you have used it in the last three years. Please note that you can enter multiple billing TINs used in the past three years, but you can enter only one billing TIN that you are currently using.

Figure 23: Add a New TIN Window

11. Select an option to specify if this TIN is an Employer Identification Number (EIN) or Social Security Number (SSN).

Figure 22: Add a New TIN window - Continued

12. Select **Save** to populate the TIN in the table.
 - a. Select **Save & New** to enter multiple TINs.
 - b. Select **Cancel** to close the **Add a New TIN** window without saving your data.
13. Select **Save & Continue**.
14. The TIN Verification window displays.
15. Select **Confirm All TINs are correct** to proceed.
 - a. Select **No** to verify your TIN(s) before proceeding.

TIN Verification

These are the TINs listed in your application:

TINs
44444444

Showing 1 to 1 of 1 entries Previous **1** Next

This is the TIN you have selected to use for MDPCP:

TIN selected
44444444

Are these numbers correct? Please note that if your TINs are incorrect, this could significantly delay review and processing of your application.

Confirm All TINs are correct **No**

Figure 23: TIN Verification Window

16. The Contacts page displays.

4.5 Contacts

The Contacts page gathers information about the Applicant, Practice, and Designated Official contacts within your practice. You are required to provide all three contacts, though in some cases they may be the same person. The Practice Contact must work at the practice and is greyed out until you provide information for the Applicant Contact. If you indicate that the Practice Contact is the same as the Applicant Contact, the entries from the Applicant Contact will auto-populate in the Practice Contact. The Designated Official must have financial accountability for the practice or organization and should be authorized to validate or change the organization's banking information.

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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.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact			
Practice Contact			
Designated Official			

Continue

Figure 24: Contacts Page

1. Select the **Applicant Contact** link.
2. The **Applicant Contact** window displays.
3. Complete the fields as requested.
4. If you select **No** for Question e. Does this person work in the practice site? on the Applicant Contact window, the Practice Contact link becomes active.
 - a. If you select **Yes**, the Practice Contact link remains disabled.

The screenshot shows a web form titled "Applicant Contact" with a blue header. The form is organized into two columns of input fields. The left column contains fields for: a. Email Address (test@test.com), b. First Name (test), c. Last Name (test), d. Title/Position (test), e. Does this person work in the practice? (No), f. Relationship with the practice (t), g. Business Phone Number (111-111-1111), and h. Business Phone Number Extension (6). The right column contains fields for: i. Alternative Phone Number (e.g. cell phone) (444-444-4444), j. Street Address 1 (test@test.com), k. Street Address 2 (t), l. City (Test City), m. State (Maryland), and n. Zip Code (12345). Below field n, there is a text area for field o, which contains the text "t". A note below field o states: "This application requires a letter of support from a clinical leader in your practice. Please enter the name of the clinical leader that will sign this letter: More information about the letter can be found on the 'Letter of Support' tab." At the bottom right of the form are two buttons: "Save" and "Close".

Figure 25: Applicant Contact Window

5. Select **Save**.
6. The Applicant Contact information displays in the Contacts table.
 - a. Select the **Applicant Contact** link to edit the contact.
 - b. Select the **Clear** link to delete the contact entered.

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Contacts * Indicates a required field.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact	Test	Test	Clear
Practice Contact			
Designated Official			

Figure 28: Contacts Page

7. Select the **Practice Contact** link.
8. The **Practice Contact** window displays.
9. Complete the fields as requested.

Practice Contact

*** a. Email Address**

g. Alternative Phone Number (e.g. cell phone)

*** b. First Name**

*** h. Street Address 1**

*** c. Last Name**

i. Street Address 2

*** d. Title/Position**

*** j. City**

*** e. Business Phone Number**

*** k. State**

--None--

f. Business Phone Number Extension

*** l. Zip Code**

Save

Close

Figure 29: Practice Contact Window

10. Select the **Save** button to populate the information in the table.
11. The **Practice Contact** information displays in the Contacts table.
 - a. Select the **Practice Contact** link to edit the contact.
 - b. Select the **Clear** link to delete the contact entered.

12. Select **Designated Official** link.
13. The **Designated Official** window displays.
14. Complete the fields as requested.

Designated Official

* Indicates a required field.

<p>* a. Email Address <input type="text"/></p> <p>* b. First Name <input type="text"/></p> <p>* c. Last Name <input type="text"/></p> <p>* d. Title/Position <input type="text"/></p> <p>* e. Does this person work in the practice? <input type="text" value="--None--"/></p> <p>* f. Relationship with the practice <input type="text"/></p> <p>* g. Business Phone Number <input type="text"/></p>	<p>h. Business Phone Number Extension <input type="text"/></p> <p>i. Alternative Phone Number (e.g. cell phone) <input type="text"/></p> <p>* j. Street Address 1 <input type="text"/></p> <p>k. Street Address 2 <input type="text"/></p> <p>* l. City <input type="text"/></p> <p>* m. State <input type="text" value="--None--"/></p> <p>* n. Zip Code <input type="text"/></p>
---	--

Figure 30: Designated Official Contact Window

15. Select **Save**.
16. The information displays in the table.
17. The Designated Official information displays in the Contacts table.
 - a. Select the **Designated Official** link to edit the contact.
 - b. Select the **Clear** link to delete the contact entered.
18. Select **Continue**.

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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.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact	Test	Test	Clear
Practice Contact	Test	Test	Clear
Designated Official	Test	Test	Clear

Continue

Figure 31: Contacts Page

19. The Clinician and Staff Information page displays.

4.6 Clinician and Staff Information

The Clinician and Staff Information page gathers information about the clinicians in the practice.

1. For Questions 1 and 2, enter a percentage in each field. You can enter up to 100% in each entry. If it exceeds 100%, the system displays an error message to correct it.

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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

Clinician and Staff Information * Indicates a required field.

This section asks questions about the clinicians in your practice. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MDPCP.

* 1. What is the total number of Individual Physicians (MD or DO), Nurse Practitioners (NPs), Physician Assistants (PAs), and Clinical Nurse Specialists (CNSs) who provide patient care at your practice and practice under their own National Provider ID (NPI)? Please include all full-time and part-time clinician staff, regardless of their practice specialty.

- * a. Fill in Number of Physicians
- * b. Fill in Number of NPs
- * c. Fill in Number of PAs
- * d. Fill in Number of CNSs

* 2. For purposes of the MDPCP program, a primary care clinician is defined as a Physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Internal Medicine, General Practice, Geriatric Medicine, Family Medicine, Pediatric Medicine, Nurse Practitioner, OB/GYN, and Psychiatry. Of the total individual clinicians who provide patient care at your practice site, how many are primary care clinicians? Please include full-time and part-time staff.

- * a. Fill in Number of Physicians
- * b. Fill in Number of NPs
- * c. Fill in Number of PAs
- * d. Fill in Number of CNSs

Figure 32 Clinician and Staff Information Page

2. Your responses for Question 2 cannot be greater than your responses for Question 1. A warning message displays if this occurs.
3. Select **OK** to proceed.

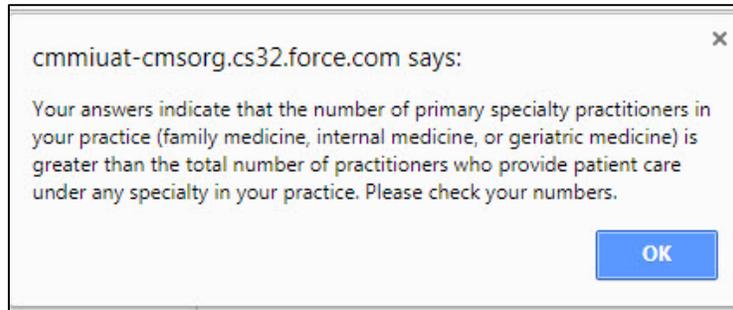


Figure 33 Warning Window

4. For Question 3, select **Add Primary Care Clinician** to add clinician information.

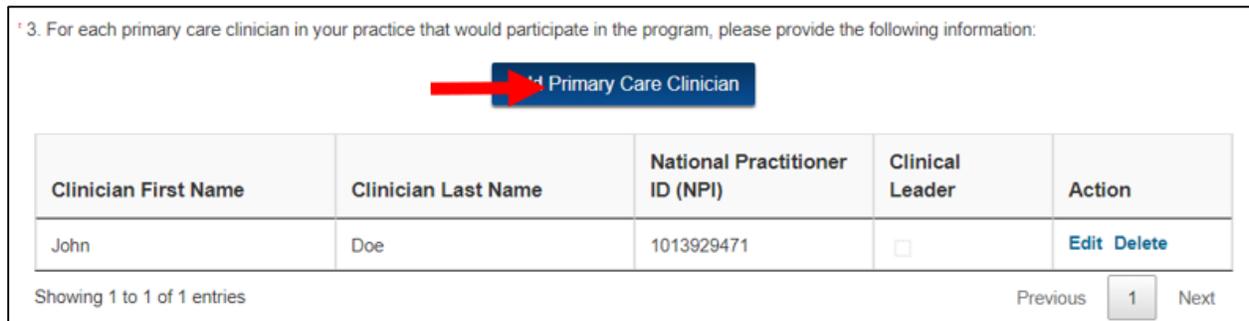


Figure 34: Clinician Information Page

5. The **Clinician Information** window displays.
6. If you select **Part-time** for Question h, a conditional question will display.
7. If you select **Yes** for Question i, two additional questions will display.
8. If you select the **Clinical Leader** checkbox, you are required to upload a letter of support.

Clinician Information

a. Clinician Name

* Last Name * First Name Middle Initial

* b. National Practitioner ID (NPI)

* c. Maryland Board of Physicians License Number

* d. Clinician Type

* e. Specialty

* f. Is this Clinician board certified in this specialty?

g. If applicable, is the clinician current with maintenance of certification?

* h. This clinician works at the practice:

Clinical Leader

Figure 35: Clinician Information Window

9. Select **Save**.
10. The clinician information entered displays in the table.
 - a. Select **Edit** to edit the information entered.

- b. Select **Delete** to delete the information entered. Delete is a hard delete and the information cannot be retrieved.

* 4. For each primary care clinician in your practice that would participate in the program, please provide the following information:

[Add Primary Care Clinician](#)

Clinician First Name	Clinician Last Name	National Practitioner ID (NPI)	Clinical Leader	Action
Test	Test	1234567890	<input type="checkbox"/>	Edit Delete

Showing 1 to 1 of 1 entries Previous 1 Next

Figure 26: Clinician and Staff Information Page

- 11. Select **Save & Continue**.
- 12. The **NPI Verification** window displays.

NPI Verification

These are the NPIs listed in your application.

NPIs
1234567890

Please be sure that all NPI's have been entered correctly in the application. Also note that NPI's must be associated with an MDPCP-accepted specialty in the NPPES system.

[Confirm NPIs are correct](#)
[No](#)

Figure 37: NPI Verification Window

- 13. Select **Confirm NPIs are correct** to proceed.
 - a. Select **No** to verify your NPIs before proceeding.

Note: An **NPI Verification** window will display regardless of entering any NPI information.

- 14. The Practice Activities page displays.

4.7 Practice Activities

The Practice Activities page gathers information about activities that occur at your practice.

- 1. For Question 1, select one or more options using the checkboxes.
 - a. If you select the second option, an additional field displays to make a selection.
 - b. If you select the third option, a text field displays to enter additional information within the 1,000-character limit.
- 2. For Question 2, select an option from the drop-down menu.
 - a. If you select **Yes**, a text field displays to enter additional information within the 1,000-character limit.

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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.

Practice Activities * Indicates a required field.

This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

* 1. Which statement best characterizes your practice (select all that apply):

- The practice is a single-specialty primary care practice.
- The practice is a primary care practice with other integrated clinicians, or is a multi-specialty practice.
 - * Do the clinicians in your practice share an EHR with other types of clinicians in the practice?
 -
- The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.
 - * Please describe the other lines of business in which your practice participates:
 -
 - Remaining characters: 1000 (total allowed characters: 1000)

* 2. Is your practice engaged in training future clinicians and staff?

* Please briefly describe the engagement (e.g., family medicine residency clinic, occasional rotating NP students).

Remaining characters: 1000 (total allowed characters: 1000)

Figure 38: Practice Activities Page – Question 1 & 2

3. For Question 3, select an option from the drop-down menu.
 - a. If you select **Yes**, additional options display.
 - b. Select one or more options using the checkboxes.
 - c. If you select the fourth option, a drop-down menu displays to make a selection.
 - d. If you select the fifth option, two text fields display to enter additional information.

4. If you select **Other**, a text field displays to enter additional information.

* 3. Does your practice have a recognition as a "Medical Home"?

Yes ▾

3a. Please select all organizations through which your practice has achieved Medical Home recognition:

- National Committee for Quality Assurance (NCQA-PCMH)
- The Joint Commission (TJC), previously known as Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Accreditation Association for Ambulatory Healthcare (AAAHC-Triple A)
- Utilization Review Accreditation Commission (URAC)
 - * Specify recognition level received
 - ▾ --None-- ▾
- State-based Recognition Program
 - * Specify State and Program
 -
 - * Specify recognition level received
 -
- Insurance Plan-based Recognition Program
- Other
 - * Other, please specify.
 -

Figure 39: Practice Activities Page – Question 4

5. Select **Save & Continue**.
6. The Health Information Technology page displays.

4.8 Health Information Technology

The Health Information Technology page gathers information about your practice’s health information technology.

1. Select **New Health IT Vendor** to add vendor information.

*****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.

This section asks questions about the Health Information Technology (Health IT) capabilities of your practice.

1. Please provide the following information regarding the primary EHR system used by your practice site, as well as any additional Health IT tools that your practice uses:


New Health IT Vendor

Vendor Name	Product Name	Version	Action
No Health IT Vendors to display.			

Showing 0 to 0 of 0 entries Previous Next

* 2. Please indicate your current level of interaction with CRISP.

- Do not participate but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2021
- Participate with CRISP with limited use of CRISP services
- Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

Save
Save & Continue
Cancel

Figure 27: Health Information Technology Page

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

Health IT

* Vendor Name

* Product Name

* Version

Save
Cancel

Figure 28: Add New Health IT Window

5. The Health IT Vendor information displays in the table.
 - a. Select **Edit** to edit the vendor information.
 - b. Select **Delete** to delete the entry. Delete is a hard delete and the information entered cannot be retrieved.

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1. Please provide the following information regarding the primary EHR system used by your practice site, as well as any additional Health IT tools that your practice uses:

New Health IT Vendor

Vendor Name	Product Name	Version	Action
Test	Test	1	→ Edit Delete

Showing 1 to 1 of 1 entries

Previous 1 Next

Figure 29: Vendor Table

6. For Question 2, select the appropriate answer option.

* 2. Please indicate your current level of interaction with CRISP.

- Do not participate but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2021
- Participate with CRISP with limited use of CRISP services
- Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

Save

Save & Continue

Cancel

Figure 30: Health Information Technology Page

7. Select **Save & Continue**.
8. The Care Delivery page displays.

4.9 Care Delivery

The Care Delivery page gathers information about the practice site’s delivery of primary care.

1. For Questions 1 through 6, select the appropriate answer option.

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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

* Indicates a required field.

Care Delivery

The following questions gather information about your practice site's delivery of primary care. Your answers to these questions will also help determine whether your practice will be assigned to Track 1 or Track 2 of MDPCP. Please answer the following questions based on the current activities at your practice site:

Care Management

* 1. Patients

- are not assigned to specific clinician panels.
- are assigned to specific clinician panels and panel assignments are not routinely used by the practice for administrative or other purposes.
- are assigned to specific clinician panels and panel assignments are routinely used by the practice mainly for scheduling purposes.
- are assigned to specific clinician panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.

* 2. Non-physician practice team members

- play a limited role in providing clinical care.
- are primarily tasked with managing patient flow and triage.
- provide some clinical services such as assessment or self-management support.
- perform key clinical service roles that match their abilities and credentials.

* 3. The care managers used by our practice for managing the care for patients

- does not apply.
- are employed by another organization and located externally.
- are employed by another organization and located internally.
- are employed by our practice and located internally.

* 4. Care Plans

- are not developed or recorded.
- are developed and recorded but reflect clinicians' priorities only.
- are developed collaboratively with patients and families and include self-management and clinical goals.
- are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service.

* 5. A standard method or tool(s) to stratify patients by risk level

- is not available.
- is available and not consistently used to stratify all patients.
- is available and is consistently used to stratify all patients and is inconsistently integrated into all aspects of care delivery.
- is available, consistently used to stratify all patients, and is integrated into all aspects of care delivery.

* 6. Follow-up by the practice with patients seen in the Emergency Department (ED) or hospital

- generally does not occur.
- occurs only if the ED or hospital alerts the primary care practice.
- occurs because the primary care practice makes proactive efforts to identify patients.
- is done routinely because the primary care practice has arrangements in place with the ED and hospital to both track these patients and ensure that follow-up is completed within a few days.

Figure 31: Care Delivery Page – Questions 1 through 6

2. For Questions 7 through 9, select an option from the drop-down menu.
3. If you select **Yes** for Question 9, an additional drop-down menu displays requesting more information. You must complete this step to continue with the application.

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

--None--

* 8. Would you be able to implement collaborative care agreements with at least two groups of specialists?

--None--

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

Option 1: Care Management for individuals with an 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 a 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 32: Care Delivery Page – Questions 7 through 9

4. For Questions 10 through 13, make selections from the drop-down menu.

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

--None--

* 11. Would you be able to implement collaborative care agreements with at least two public health organizations based on patient's psychosocial needs, as appropriate?

--None--

* 12. Would you be able to convene a Patient-Family Advisory Council (PFAC) at least twice per year and integrate recommendations into care, as appropriate?

--None--

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

--None--

Figure 33: Care Delivery Page – Care Management

5. For Questions 14 and 15, make selections from the available radio buttons and check-boxes respectively.

6. For Question 16, make a selection from the drop-down menu.

* 14. Linking patients to supportive community-based resources

- is not done systematically.
- is limited to providing patients a list of identified community resources in an accessible format.
- is accomplished through a designated staff person or resource responsible for connecting patients with community resources.
- is accomplished through active coordination between the health system, community service agencies, and patients and accomplished by a designated staff person.

* 15. Indicate how you identify beneficiaries for episodic care management. This refers to short-term, goal-directed care management for beneficiaries who are not already in longitudinal care management as a result of their risk status. (Select all that apply)

- We do not identify beneficiaries for episodic care management
- Practitioner or care team referral
- Hospital admission or discharge
- ED visit
- Skilled Nursing Facility (SNF) admission or discharge
- New health condition (e.g., cancer diagnosis, accident, chronic condition)
- New clinical instability in a chronic condition, including change in medications
- Life event (e.g., death of spouse, financial loss)
- Initiation or stabilization on a high risk medication (e.g., anticoagulants)
- Other

* 16. Do you offer coordinated referral management for high-volume or high-cost specialists and health care organizations?

--None-- ▾

Figure 47: Care Delivery Page – Questions 14 through 16

7. For Question 17, select from the available radio buttons.
8. For Questions 18 and 19, select a value from the drop-down menu.
9. If you select **Yes** for Question 19, additional options display.
 - a. Select the appropriate answer option.
 - b. If you select **Other**, a text field displays to enter additional information.

10. For Questions 20 and 21, make selections from the available radio buttons.

Access

* 17. Patient after-hours access (24 hours, 7 days a week) to a physician, PA/NP, or nurse

- is not available or limited to an answering machine.
- is available from a coverage arrangement (e.g., answering service) that does not offer a standardized communication protocol back to the practice for urgent problems.
- is provided by a coverage arrangement (e.g., answering service) that shares necessary patient data with and provides a summary to the practice.
- is available via the patient's choice of email or phone directly with the practice team or a clinician who has real-time access to the patient's electronic medical record.

* 18. Does your practice 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?

Yes ▼

* 19. Does the practice provide Tele-Health services? 🗨️

Yes ▼

* If yes, what type of services are provided via Tele-Health?

- Tele-diagnosis (i.e., the process whereby a disease diagnosis or prognosis is made by evaluating data transmitted between distant medical facilities)
- Tele-behavioral health (i.e., using technology to virtually provide mental health services from a distance)
- Tele-consultation (i.e., virtually connecting health care clinicians with other health care clinicians and/or patients)
- Remote Monitoring (i.e., electronic data capture and Internet-enabled review by health care clinicians, particularly used in the management of chronic diseases)
- Other

Quality Improvement

* 20. Quality improvement activities

- are not organized or supported consistently.
- are conducted on an ad hoc basis in reaction to specific problems.
- are based on a proven improvement strategy in reaction to specific problems.
- are based on a proven improvement strategy and used continuously in meeting organizational goals.

* 21. Staff, resources, and time for quality improvement activities

- are not readily available in the practice.
- are occasionally available but are limited in scope (due to some deficiencies in staff, resources, or time).
- are generally available and usually at the level needed.
- are all fully available in the practice.

Figure 48: Care Delivery Page – Question 17 through 21

11. Select **Save & Continue**.

12. The Care Transformation Organization page displays.

4.10 Care Transformation Organization

If your practice intends to partner with a Care Transformation Organization (CTO), this page gathers information about your preferred primary and secondary CTO options. For a CTO Comparison Tool, please navigate to the Home page and select the link located under Helpful Links.

If you do not intend to partner with a CTO, you can select **Save & Continue** to proceed to the next page.

1. Enter the **Primary CTO** and/or **Secondary CTO**, if applicable. The secondary CTO is a backup if the Primary CTO is unavailable. The program management office will follow up with your organization after submission to finalize the CTO pairing.

Figure 49: Care Transformation Organization Page

2. Select **Save & Continue**.
3. The Letters of Support page displays.

4.11 Letters of Support

Two letters of support are required to submit an application:

1. Clinical Leadership
2. Chesapeake Regional Information System for our Patients (CRISP) connectivity Tier level

To upload a letter of support:

1. Select **Upload Letter of Support** to upload a document.

Home

Preliminary Questions

General Questions

Practice Structure and Ownership

Contacts

Clinician and Staff Information

Practice Activities

Health Information Technology

Patient Demographics

Care Delivery

Care Transformation Organization

Letters of Support

Certify & 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.

Letters of Support * Indicates a required field.

Practices 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 practices applying to participate in the MDPCP must attach a letter of support from at least one physician, leader in the practice.

This letter shall describe how the physician intends to engage with the care team(s) 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 practice staff and the patient community. This letter shall be no more than one page.


Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

2. Letter of support from parent of owner organization:

If your practice is owned by a person, entity, or organization OTHER than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with MDPCP, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the clinicians and staff in practices participating in Track 2 of MDPCP in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

* 3. Letter confirming CRISP connectivity:

To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a health information exchange (HIE) representative certifying the applicant's current level of connectivity to that HIE and its commitment to achieving the aims of bi-directional connectivity by the end of its first year as a Track 2 Participant Practice. For the purposes of the MDPCP, bi-directional connectivity is defined as the ability to send and receive clinical information about a practice's patients to and from the HIE. This will increase and enhance the comprehensiveness of patient data available to the health care providers who treat that patient.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

Continue

Figure 50: Letters of Support Page

2. The **Upload Documents** window displays.

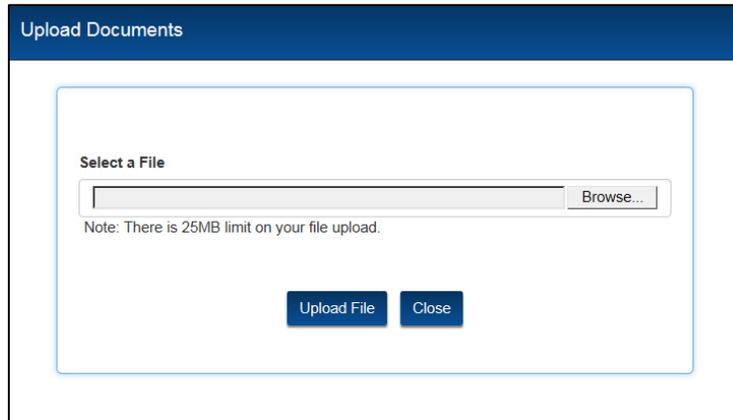


Figure 34: Upload Documents Window

3. Select **Browse...** to navigate to the file in your directory.
4. Select **Upload File**.
5. A confirmation message displays.

Note: You can only upload PDF and MS Word files.

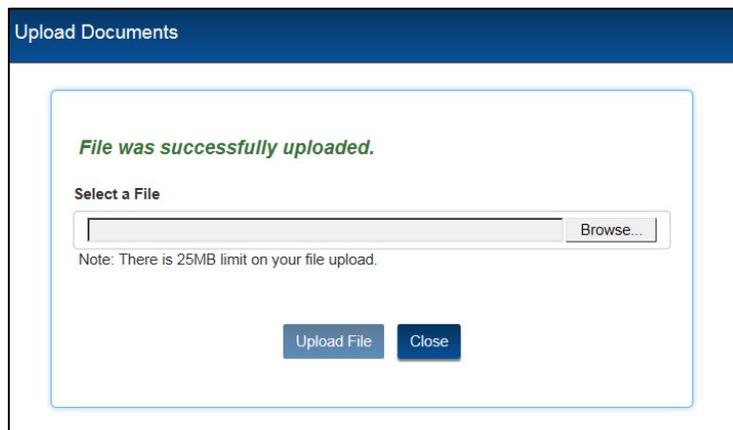


Figure 35: Upload Documents Window

6. Select **Close** to exit the window.
7. The uploaded document displays in the table.
 - a. Select **Delete** to delete the document.

Preliminary Questions

General Questions

Practice Structure and Ownership

Contacts

Clinician and Staff Information

Practice Activities

Health Information

Letters of Support * Indicates a required field.

Practices 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 practices applying to participate in the MDPCP must attach a letter of support from at least one physician, leader in the practice.

This letter shall describe how the physician intends to engage with the care team(s) 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 practice staff and the patient community. This letter shall be no more than one page.

File Name	Upload Date	Time	
MDC TO Test File_	01/09/2018	11:13 AM	Delete

Figure 36: Letter of Support Page

8. Repeat steps 1 through 4 for the second and third letters of support.
9. Once you upload all three letters, select **Continue**.
10. The Certify & Submit page displays.

4.12 Certify & Submit

The Certify & Submit page allows you to preview and submit your application.

1. Select **Preview Your Application** to preview the application.

*****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*****

Certify & Submit * Indicates a required field.

Application Checklist

Below is a checklist detailing the documents that your practice is required to submit for consideration in MDPCP. Not all documents are required from all applicants. Some documents are specific to the Track for which an applicant is applying, and some are required only from practices with specific ownership organization. It is the responsibility of the applicant to ensure that you include all documents that are required for your specific circumstances. All documents must be signed, scanned, and uploaded to the application portal. Please retain the original, signed letters. If you have any questions about what your practice is required to submit, please contact CMS at MarylandModel@cms.hhs.gov.

- Completed Application
- Letter of support from your practice's clinical leader
- Letter of support from parent or owner of organization (if applicable)
- Letter executed by both the practice and CRISP certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services.
- I have read the contents of this application and I certify that I am legally authorized to bind the practice. Upon submission of this application I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Preview Your Application
Submit

Figure 37: Certify & Submit Page

2. Select **Submit** to submit the application.

Note: The Submit button will display as disabled until you select the attestation checkbox, then the button will be enabled.
3. The **Application Submission** window displays.
4. Select **Submit**.

Application Submission

Are you sure you would like to submit the application? No changes can be made upon successful submission.

Submit
Cancel

Figure 38: Application Submission Window

5. A list of validation errors displays if you omit any required answers.
6. Select each error to correct it.

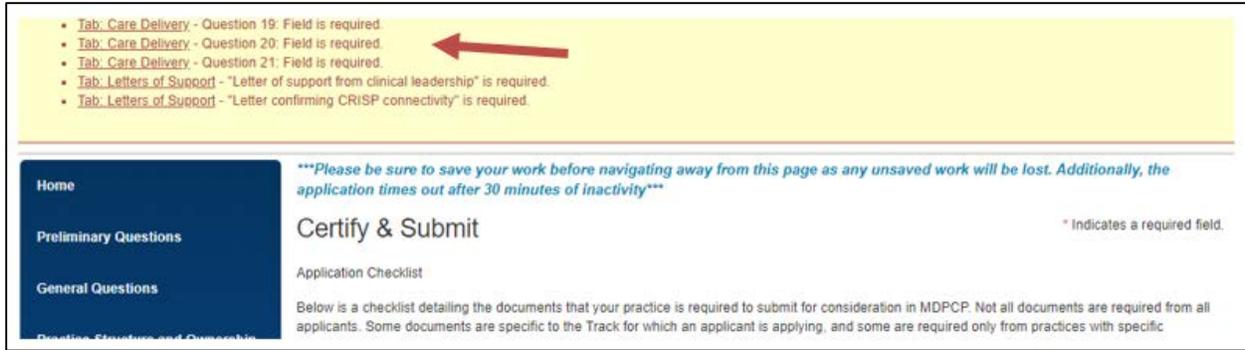


Figure 39: Validation Errors

7. Select **Submit** again once you correct all errors.
8. The application status is updated to **Submitted** on the Home page.

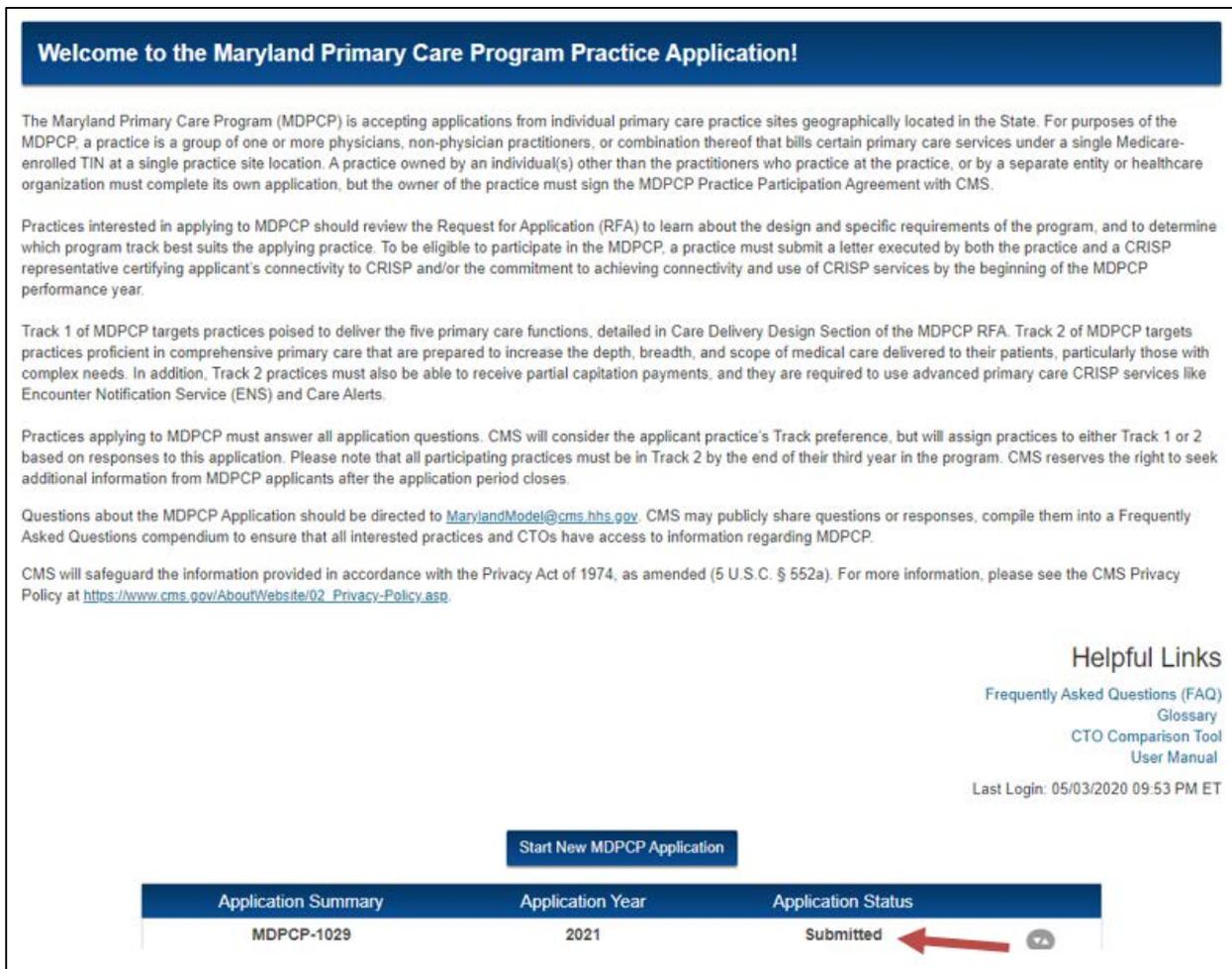


Figure 40: Home Page with Submitted Application

4.13 In Progress Application

Once you start an application, it will display in the table on the Home page.



Figure 58: 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.



Figure 59: Application Page Links

5. Helpful Tips

Table 6 displays some shortcuts designed 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.

6. Troubleshooting & Support

Please see Section 2.2.5, Technical Issues.

6.1 Error Messages

Please see Section 4.

6.2 Special Considerations

Not applicable.

6.3 Support

Please see Section 2.2.5.

Appendix A: Record of Changes

Table 7: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	04/01/2019	James Patterson	Initial Version
0.2	04/09/2019	Sujatha Errapothu	Provided feedback.
0.3	04/11/2019	James Patterson	Addressed all feedback.
0.4	04/11/2019	Sujatha Errapothu	Provided feedback.
0.5	04/15/2019	James Patterson	Updated screenshots
0.6	04/15/2019	Sujatha Errapothu	Provided feedback.
0.7	04/18/2019	Jennie Cairney	QA Review
0.8	04/22/2019	Sujatha Errapothu	Accepted all QA review feedbacks.
1.0	04/22/2019	Jennie Cairney	QA Final
1.1	05/03/2020	Aneesh Joshi	ER-3 Updates
1.2	05/05/2020	Sujatha Errapothu	Peer Reviewed
1.3	05/07/2020	Theresa McWhorter	Peer Reviewed
2.0	05/14/2020	Sam Peterson	QA review, final

Appendix B: Acronyms

Table 8: Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
AIM	ACO Investment Model
CIN	Clinically Integrated Network
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CRISP	Chesapeake Regional Information System for our Patients
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

This section is not applicable.

Appendix D: Referenced Documents

This section is not applicable.

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 9: 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