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

Version 2.0
05/25/2018

Contract Number: HHSM-500-2014-00082U

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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.

2. Overview

The Maryland Primary Care Program is a collaborative initiative between the state of Maryland and the Centers for Medicare and Medicaid Services (CMS). Care Transformation Organizations (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. It is assumed the 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

- Fields, buttons, and links to be acted on are indicated in **bold** text.
- Specific objects are called out in screen prints with red outlines and arrows. Alternative text is provided. See Section 2.2.4 for accessibility guidelines.
- Screen prints were created in Internet Explorer 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

You are automatically logged out of the Portal for security reasons, if there is no application activity for more than 30 minutes. Application activity includes selecting on any menu, 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

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 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® Internet Explorer® (IE), please make sure the browser you are using is IE version 9 or higher, before attempting to navigate through this site. Prior versions of IE are not supported by Salesforce.

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 Accessing the System

This section provides information on:

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

3.2.1 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!**.

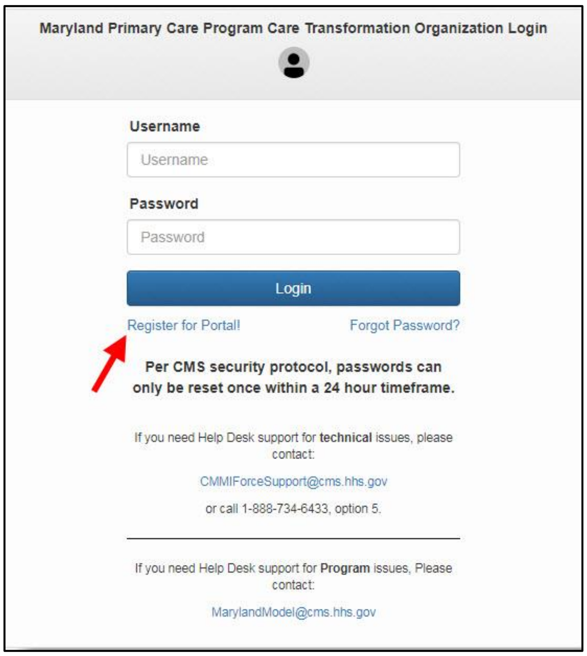


Figure 1: Login Window

2. The **MDPCP Care Transformation Application Registration** window displays.

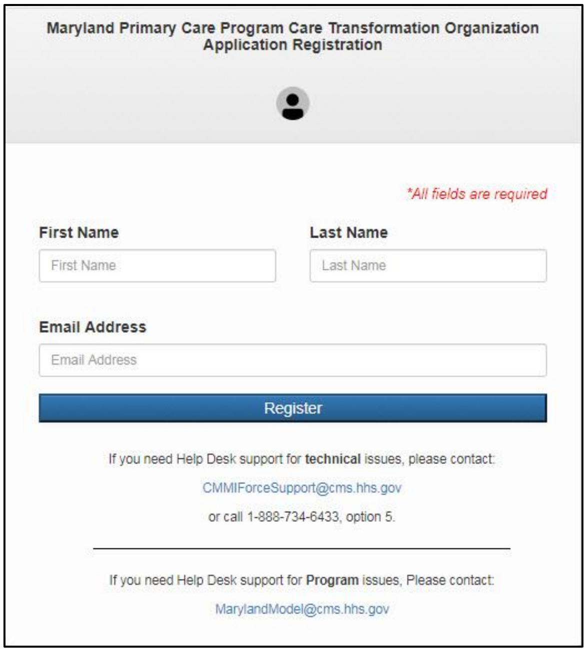


Figure 2: Self-Registration Window

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

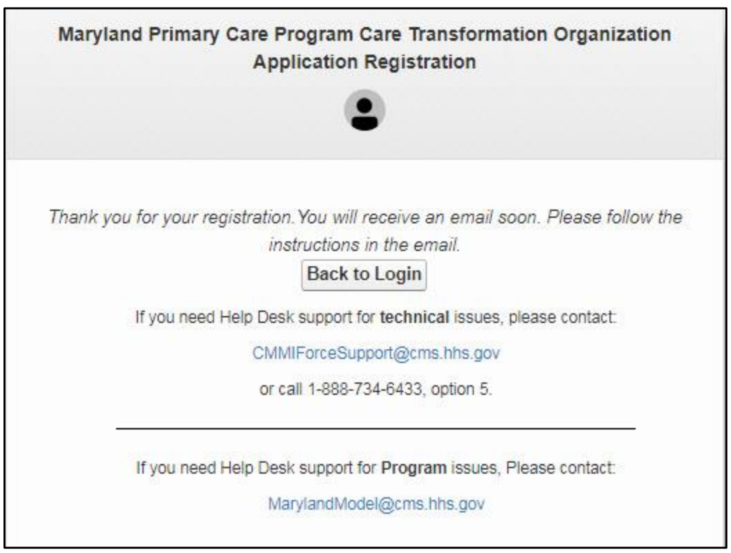


Figure 3: Application Registration Notification

6. You will receive 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**.

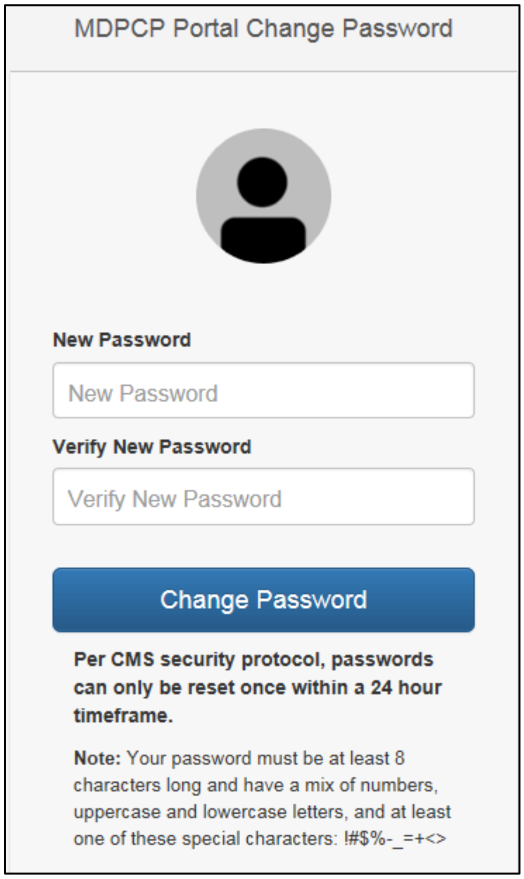


Figure 4: Change Password Window

3.2.2 Password Security

Your password expires every 60 days and must be changed prior to expiration to avoid a system lockout. You will be notified by email 5 days before your password expires.

Per CMS security protocol, passwords can only be reset 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, your account will be temporarily disabled for 15 minutes. You will then have three options:

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

3.2.3 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 user name.
- 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 **User Name**.
4. Select **Submit**.

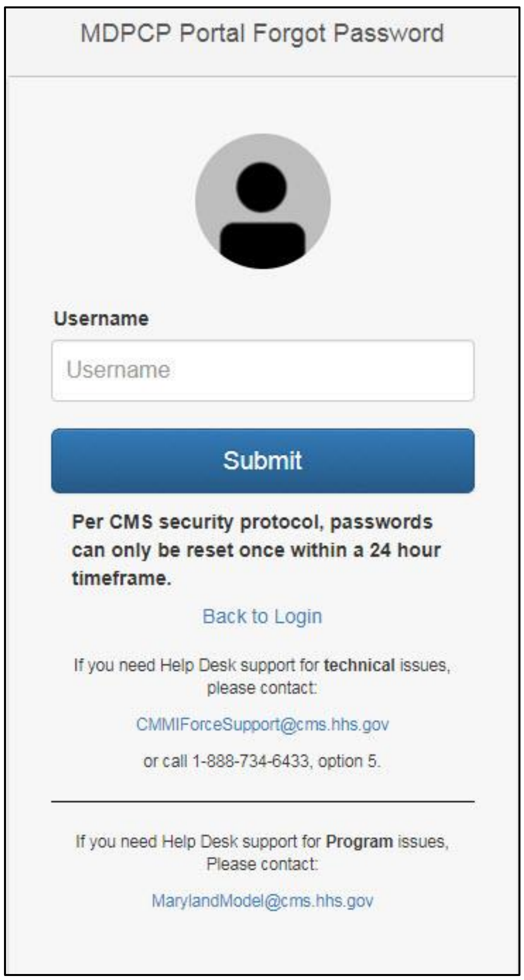


Figure 5: Forgot Password Window

5. An email is sent to 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.**

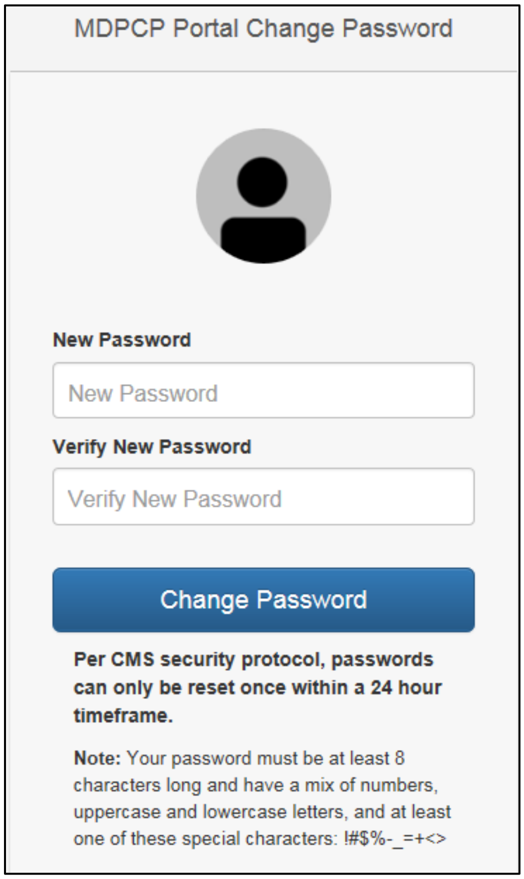


Figure 6: Change Password Window

3.2.4 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.

3.3 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.

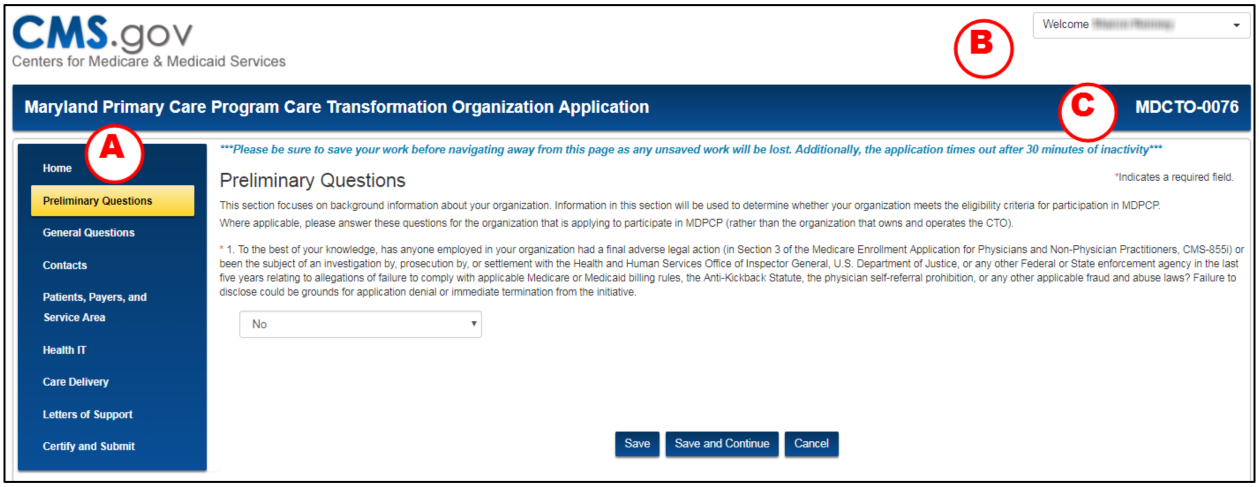


Figure **7**: System Navigation

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.
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.

3.3.1 User Interface

- A red asterisk (*) indicates a field is required.
- Additional information is available by hovering over the help bubble icon.

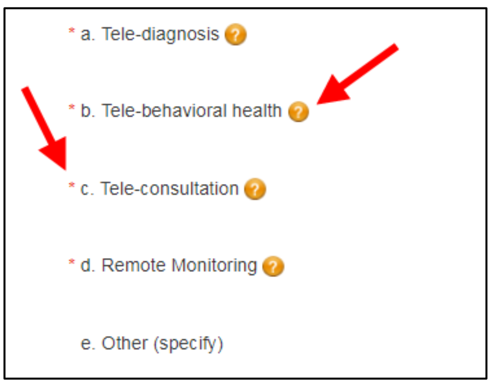


Figure 8: Red Asterisk and Help Bubble

3.3.2 Welcome Menu

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

- **Home page**
- **Change Password**
- **Logout**

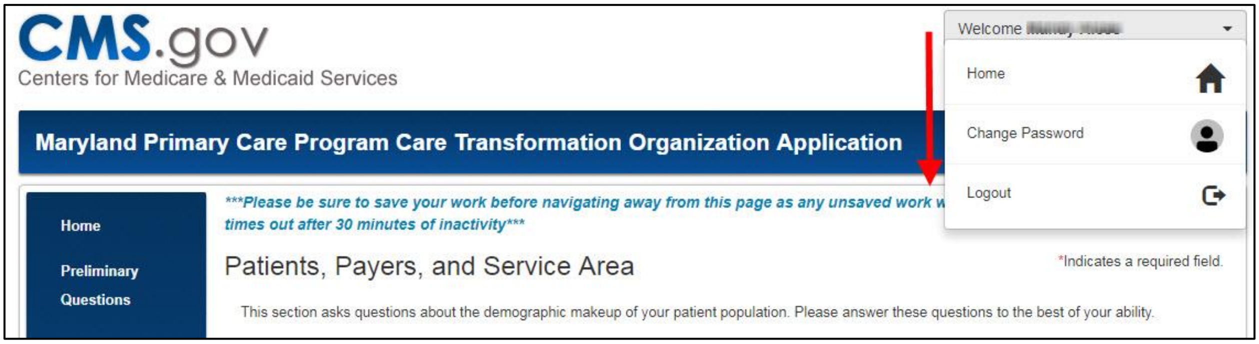


Figure 9: Welcome Bar Drop-Down Menu

3.3.3 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.

3.4 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.**

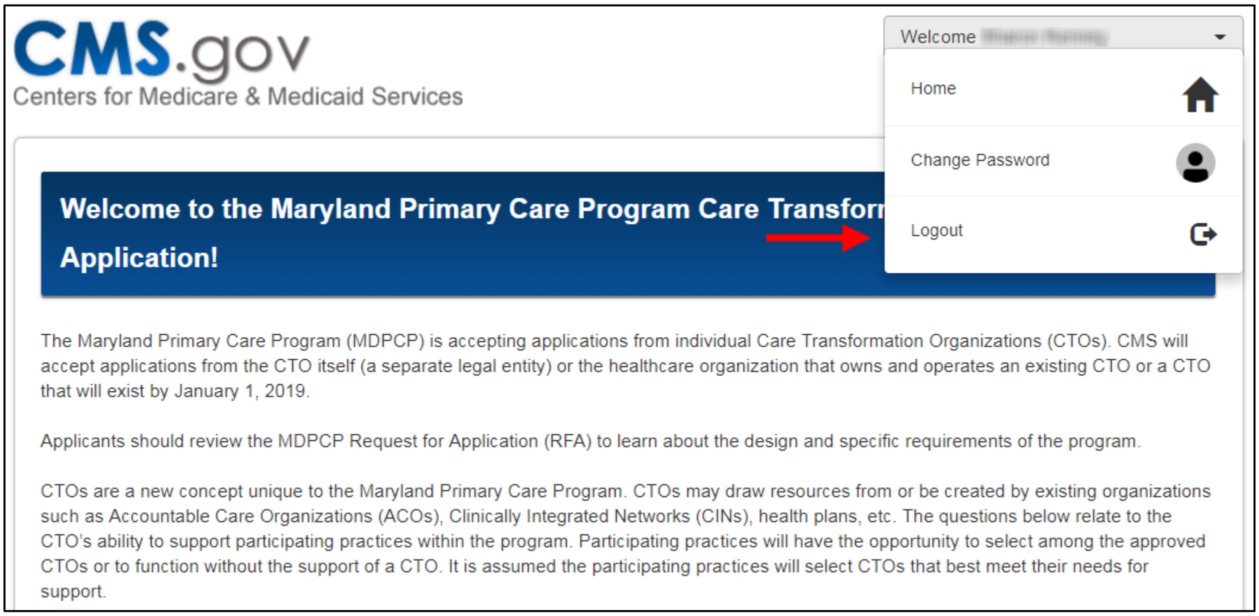


Figure 11: Logout

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 **Save** or **Save and Continue** is selected 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. A table which displays application details
B. The **Start a New Application** button
C. Your last login date and time
D. Helpful Links

Figure 12: Home Page

Table 3 below 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.
Frequently Asked Questions (FAQ)	Navigates to a new tab and displays the MDPCP FAQs.
User Manual	Navigates to a new tab and displays the user manual.

Table 4 below 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 below 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 an application is started, 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.

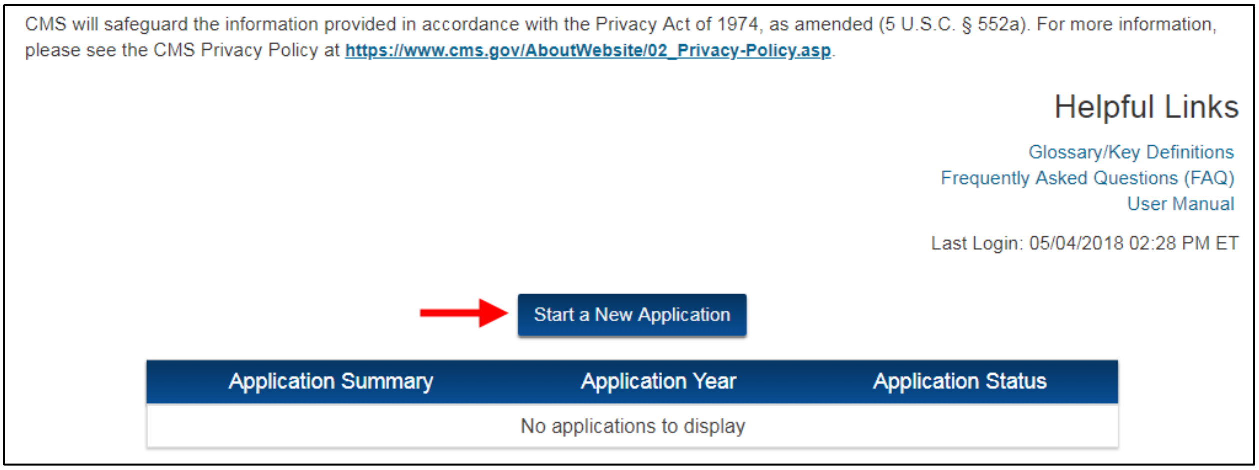


Figure 13: Start a New Application Button

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

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

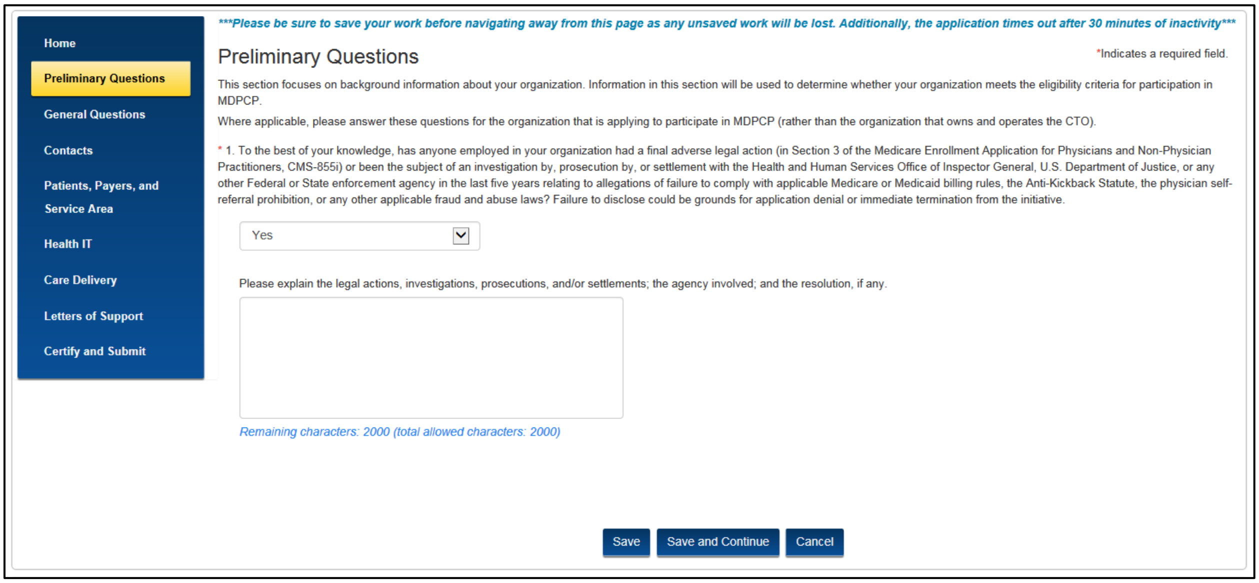
Figure 14: TIN Window

4. Select the **Continue** button**.**
5. 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.
    - If **Yes** is selected, a text field displays that allows the applicant to enter additional information (2000 max character limit).
    - If **No** is selected, no additional fields are displayed.
2. Select **Save and Continue**.
3. The **General Questions** page displays.


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

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)

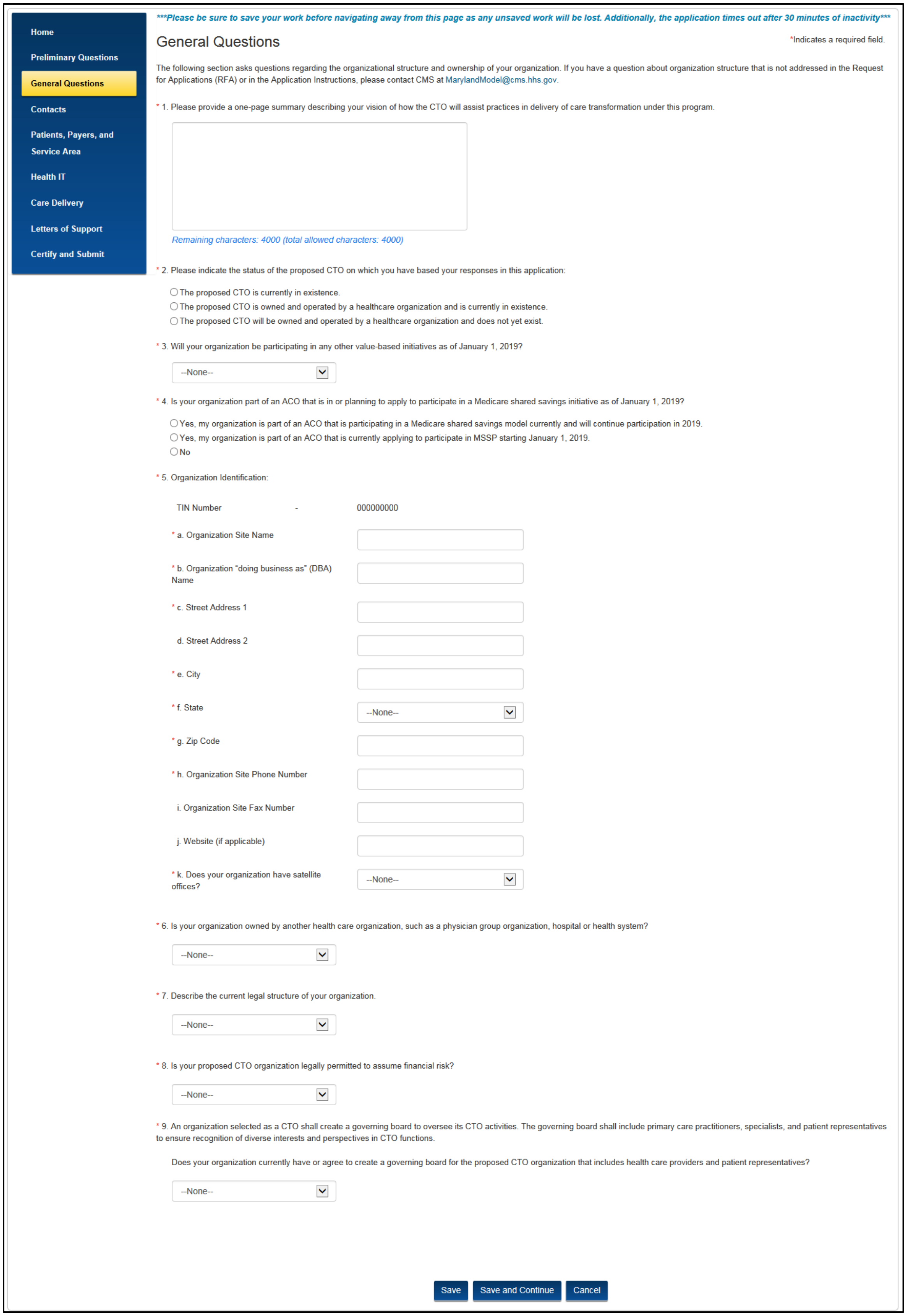
Save | Save and Continue | Cancel

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.
    - The TIN is auto-populated with the number you provided in the **TIN** window.



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 Applications (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 assist 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. Will your organization be participating in any other value-based initiatives as of January 1, 2019?

--None--

* 4. 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, 2019?

○ Yes, my organization is part of an ACO that is participating in a Medicare shared savings model currently and will continue participation in 2019.
○ Yes, my organization is part of an ACO that is currently applying to participate in MSSP starting January 1, 2019.
○ No

* 5. Organization Identification:

TIN Number - 000000000

* a. Organization Site Name
* b. Organization "doing business as" (DBA) Name
* c. Street Address 1
d. Street Address 2
* e. City
* f. State --None--
* g. Zip Code
* h. Organization Site Phone Number
i. Organization Site Fax Number
j. Website (if applicable)
* k. Does your organization have satellite offices? --None--

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

--None--

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

--None--

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

--None--

* 9. 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--

Save | Save and Continue | Cancel

Figure 16: General Questions Page

3. Depending on your answers, additional fields may display for **Question 4**. Provide the requested information in order to continue the application.

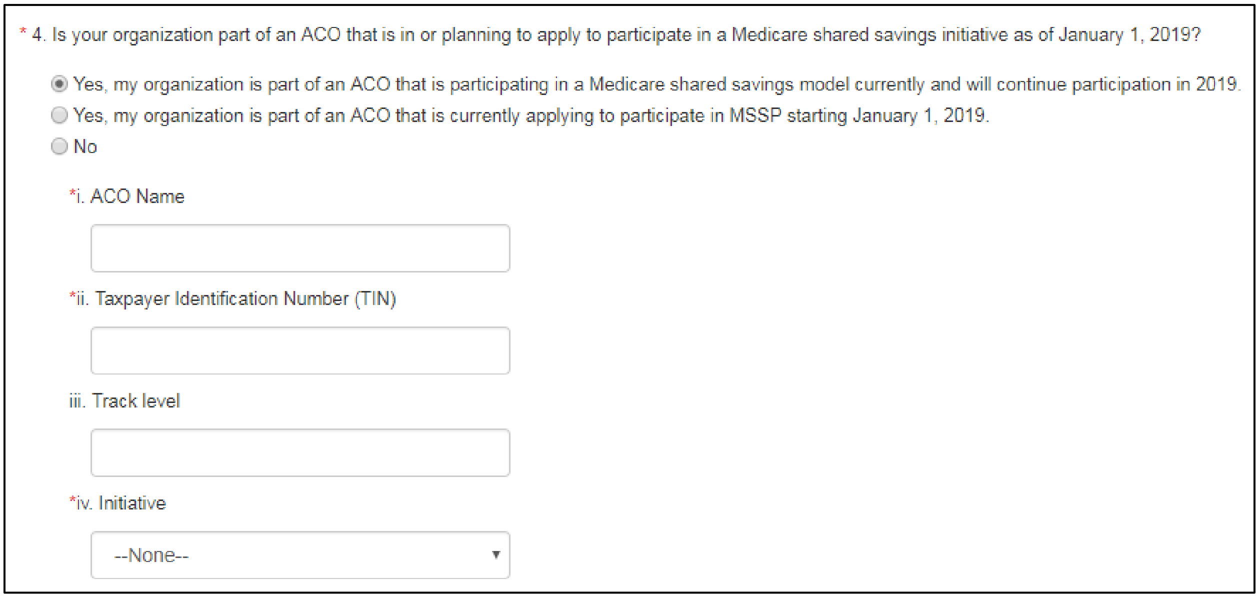


Figure 17: General Questions Page – Medicare Shared Savings

4. If **Yes** is selected for **Question 5k**, a table displays.
   - Select the **Add** button to enter satellite offices in your organization.

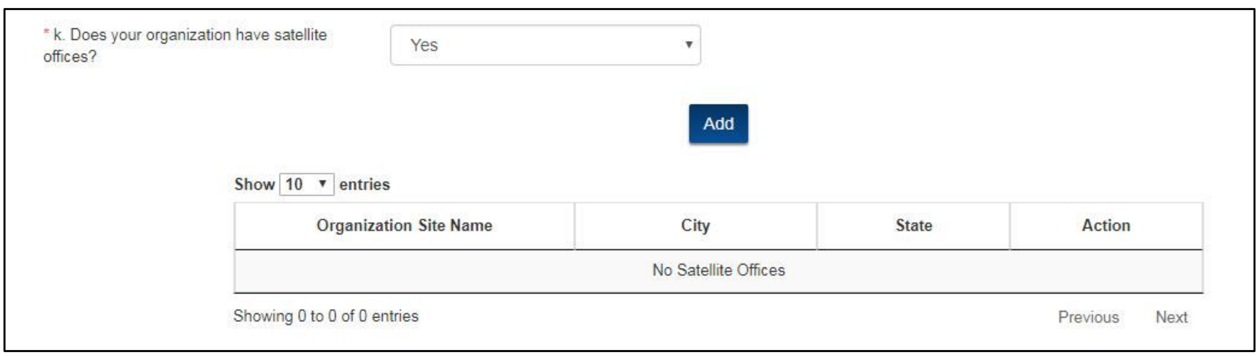


Figure 18: General Questions Page – Satellite Offices

5. The **Satellite Office** window displays.

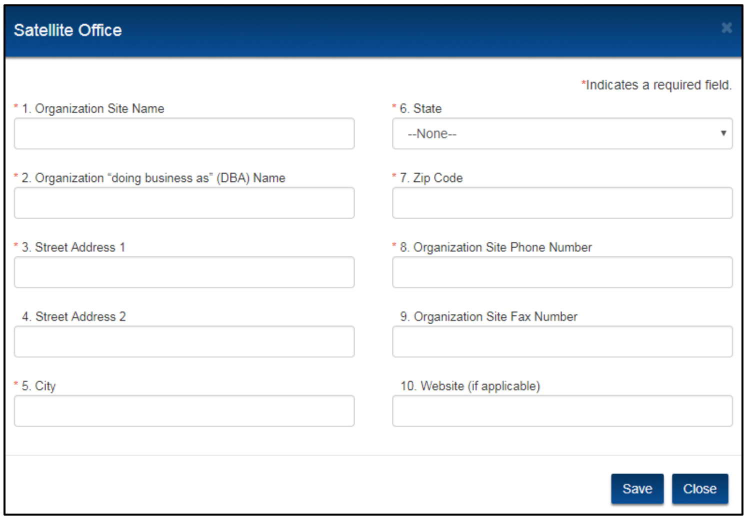


Figure 19: Satellite Office Window

6. Complete the fields as requested.
7. Select the **Save** button.
8. The information entered is added to the table.

9. If **Yes** is selected for **Questions 6 and 7**, additional fields display. Provide the requested information to continue the application.

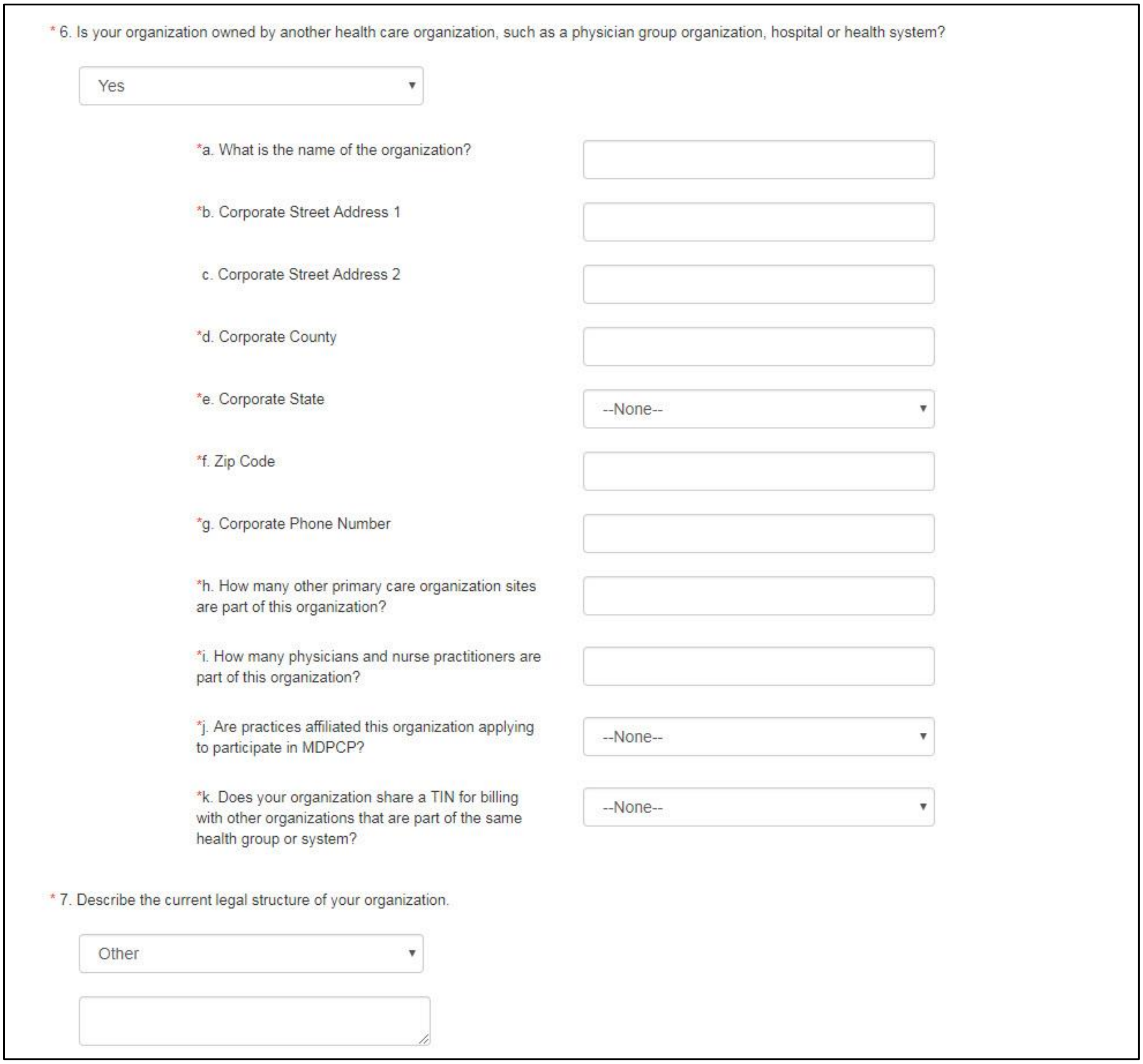


Figure 20: Additional Questions

10. After completing all required fields, select **Save and Continue**.
11. The **Contacts** page displays.

4.4 Contacts

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

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

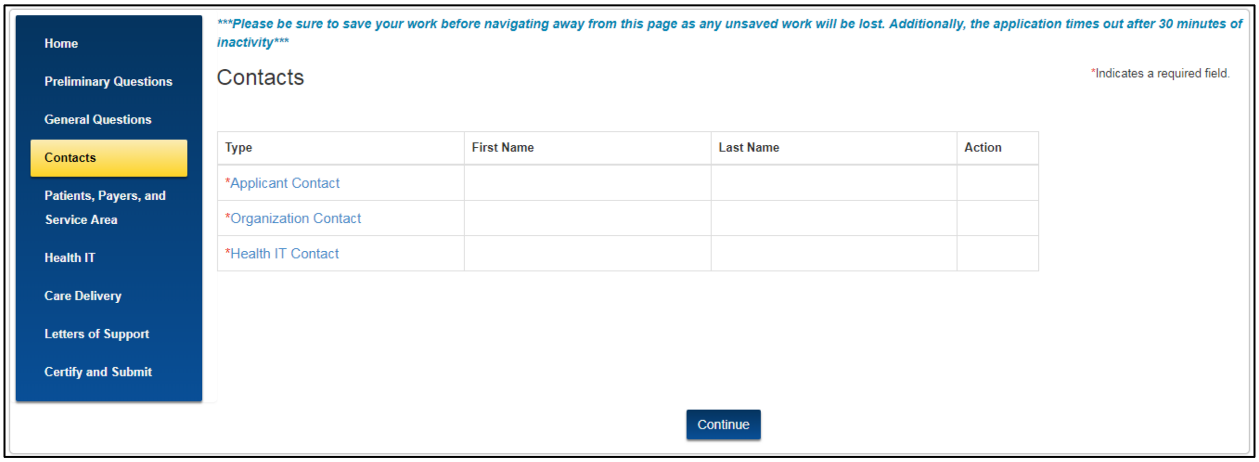


Figure 21: Contacts Page

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

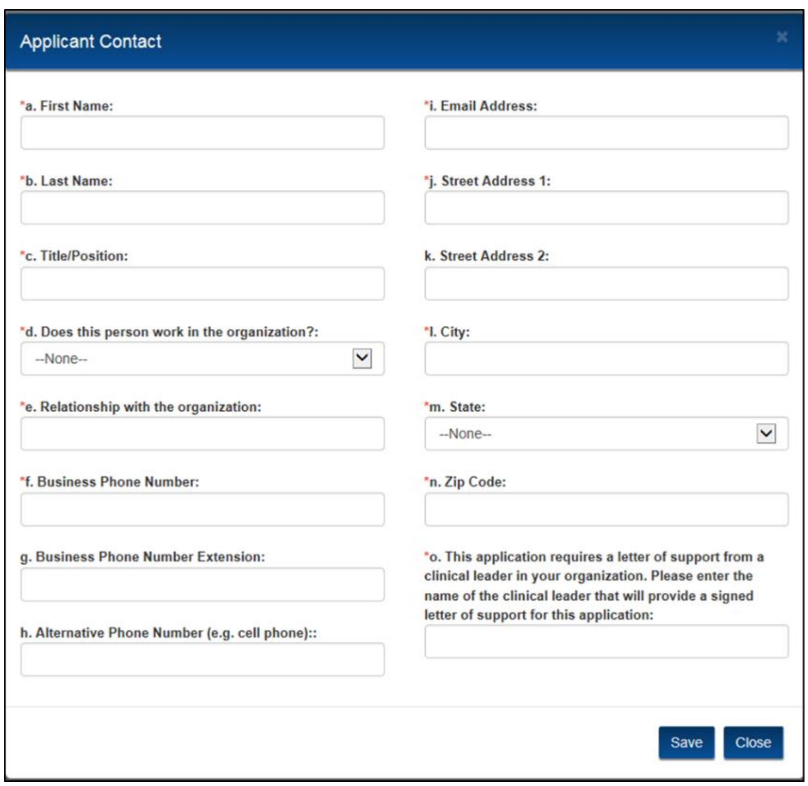


Figure 22: Applicant Contact Window

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

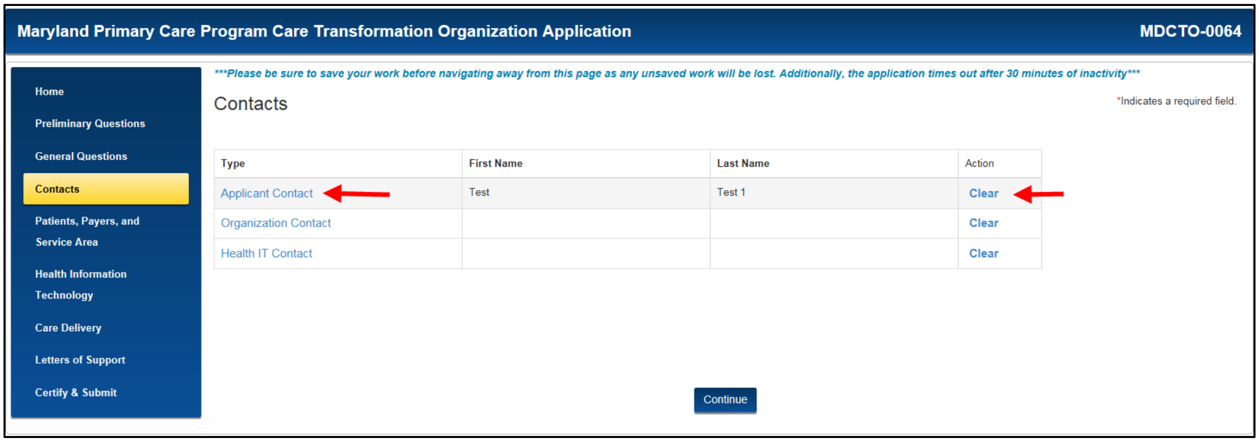


Figure 23: Contacts Page

7. Select the **Organization Contact** link.
8. A drop-down menu displays.
    - If **Yes** is selected, you do not need to enter Organization Contact details.
    - If **No** is selected, enter Organization Contact details.
9. Select the **Save** button.

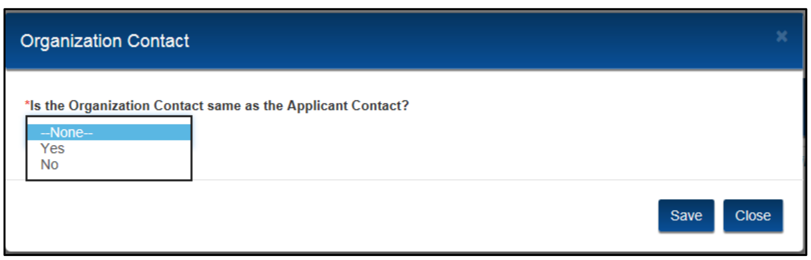


Figure 24: Organization Contacts Page

10. Select the **Health IT Contact** link.
11. The **Health IT Contact** window displays.
12. Complete the fields as requested.
13. Select the **Save** button.
14. The **Health IT Contact** 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 .

17. The **Patients, Payers, and Service Area** page displays.

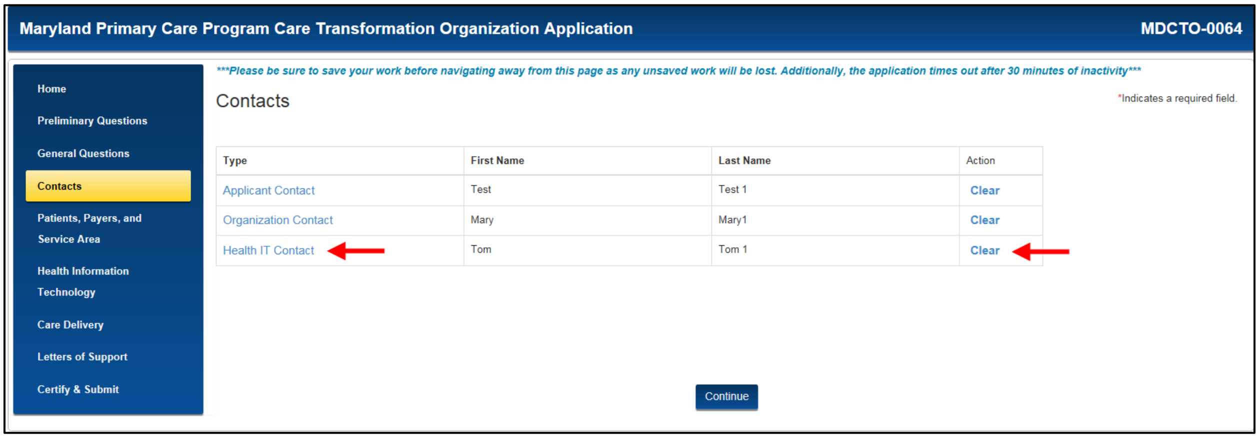


Figure 25: Contacts Page –Contacts Table

18. The **Patients, Payers, and Service Area** page displays.

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.
    - Enter percentages to add up to a maximum of 100%.

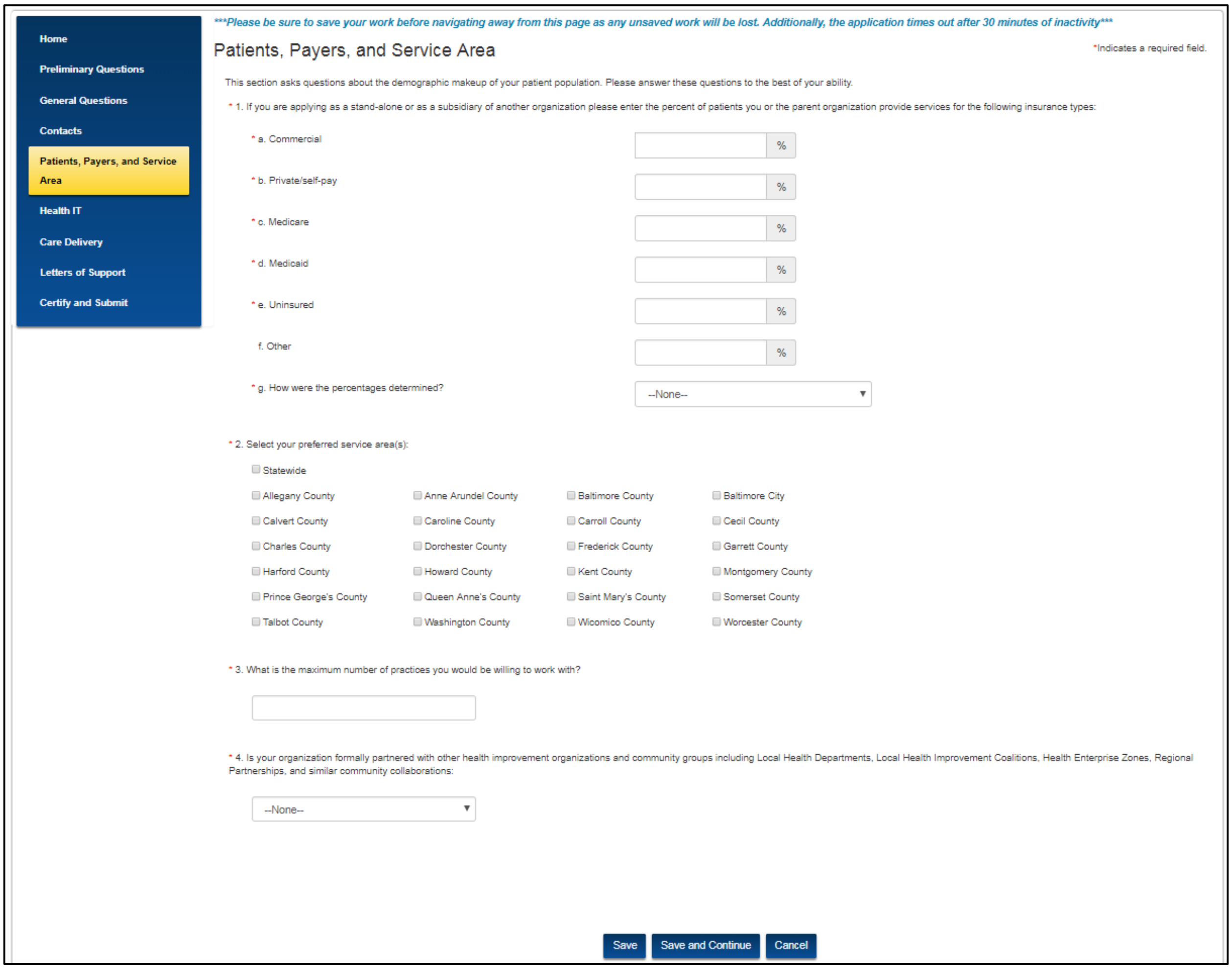


Figure 26: Patients, Payers, and Service Area Page

2. Select the **Save and Continue** button.
3. 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.

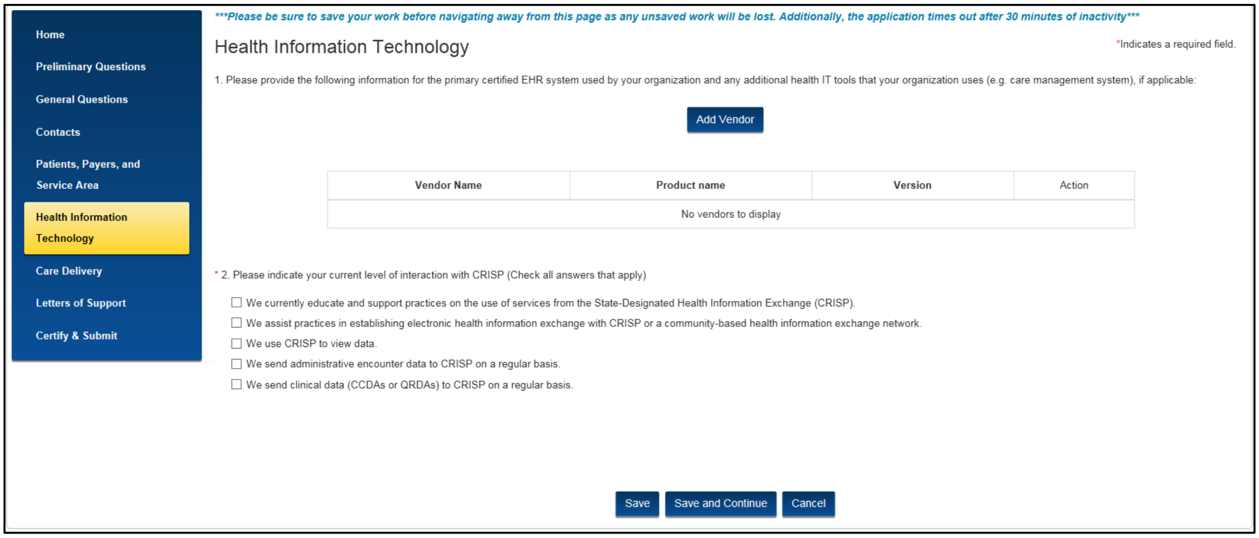


Figure 27: Health Information Technology Page

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

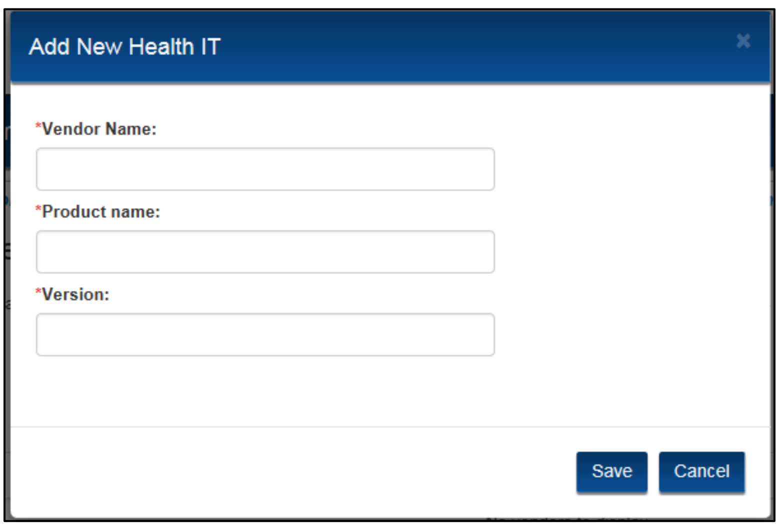


Figure 28: Add New Health IT Window

5. The information displays in the table.
    - Select **Edit** to edit the vendor information.
    - Select **Delete** to delete the entry.

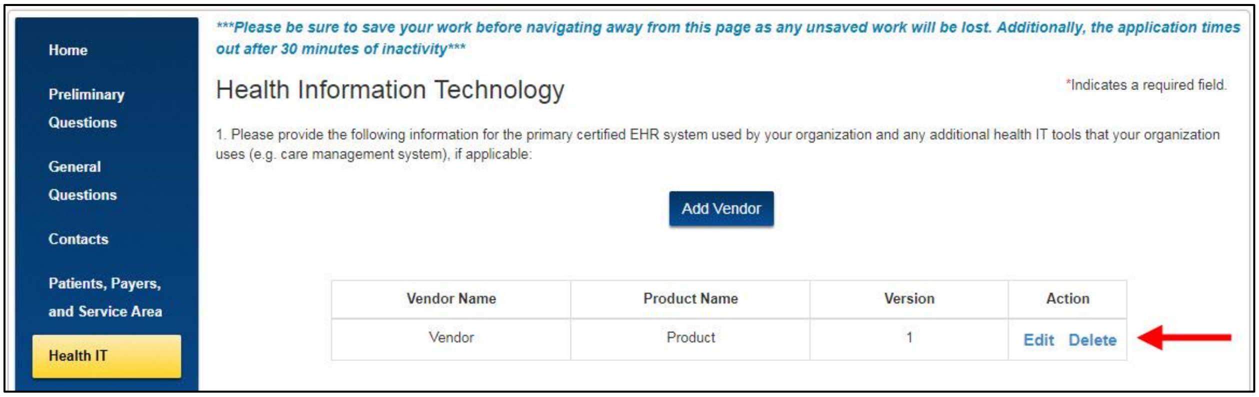


Figure 29: Health IT Page – Added Vendor Table

6. Select the **Save and Continue** button.
7. 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.

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

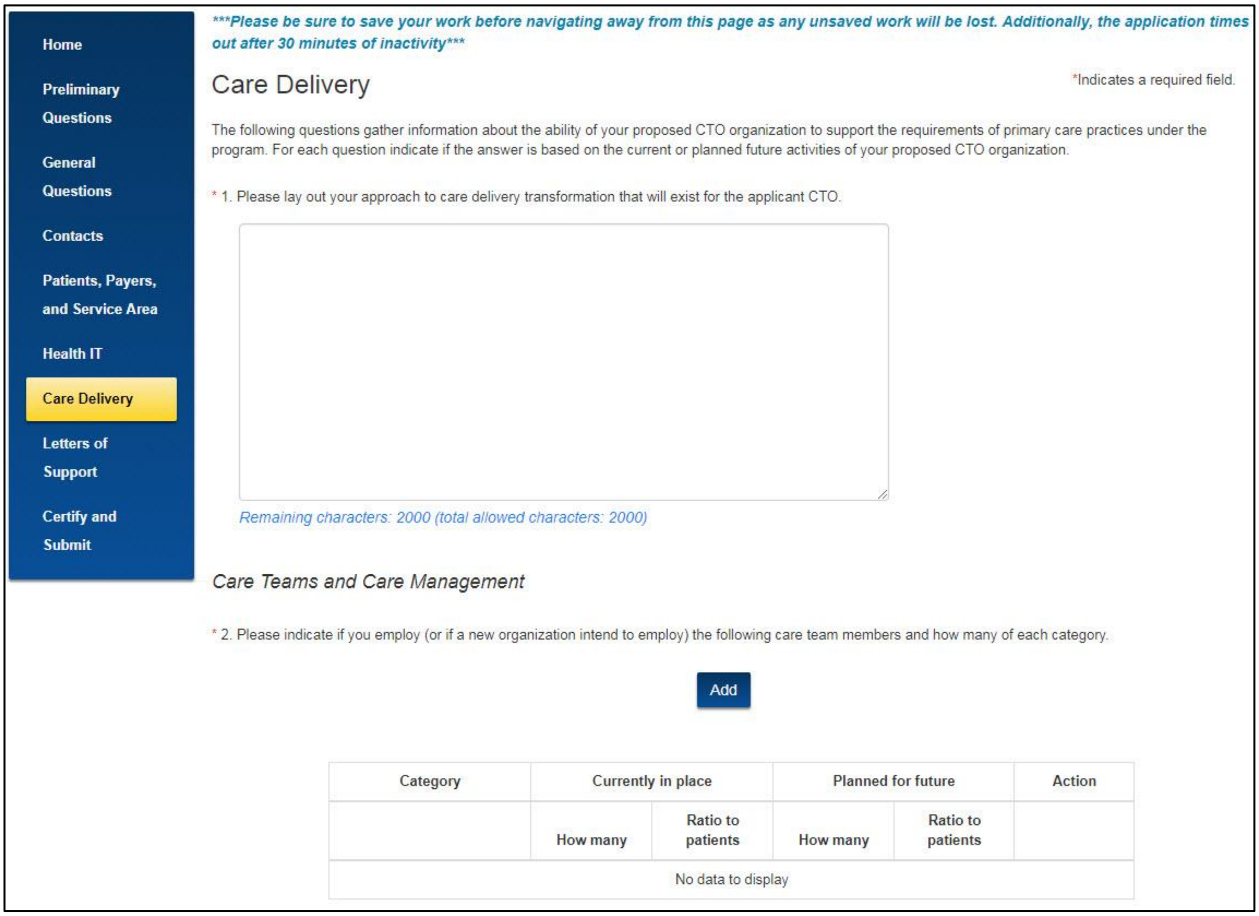


Figure 30: Care Delivery Page

3. The **Add New Care Team Member** window displays

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

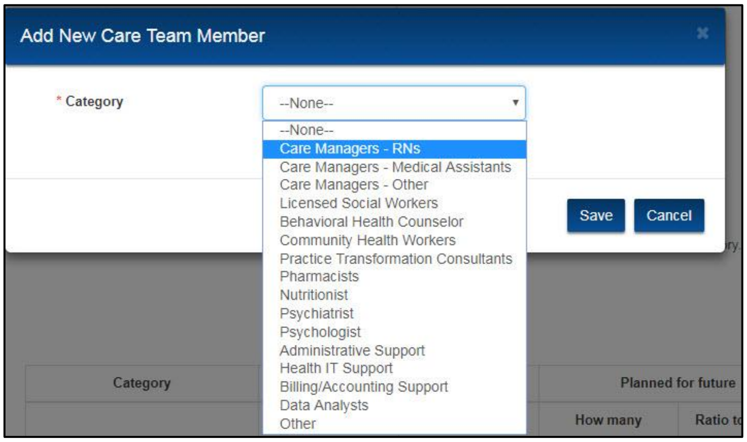


Figure 31: Care Team Member Categories

5. After a category is selected two check boxes display. Select at least one check box:
   - **Currently in place**
   - **Planned for future.**

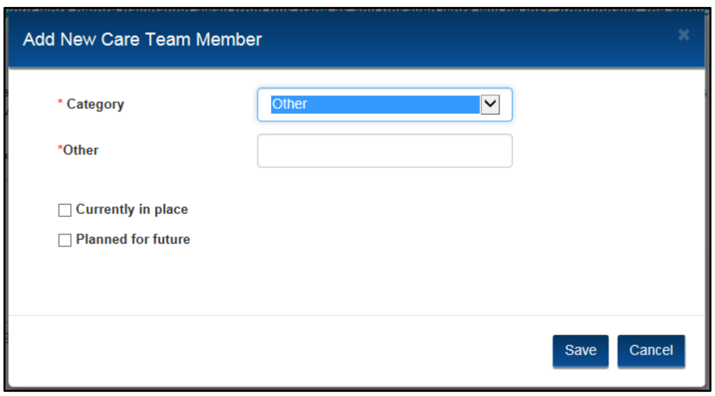


Figure 32: Add New Care Team Member

6. Enter a number in the **Ratio to patients** field.

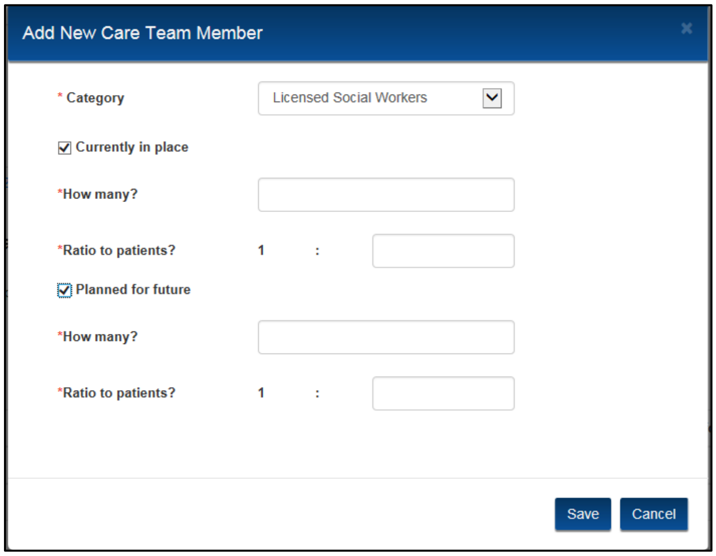


Figure 33: Add New Care Team Member Window

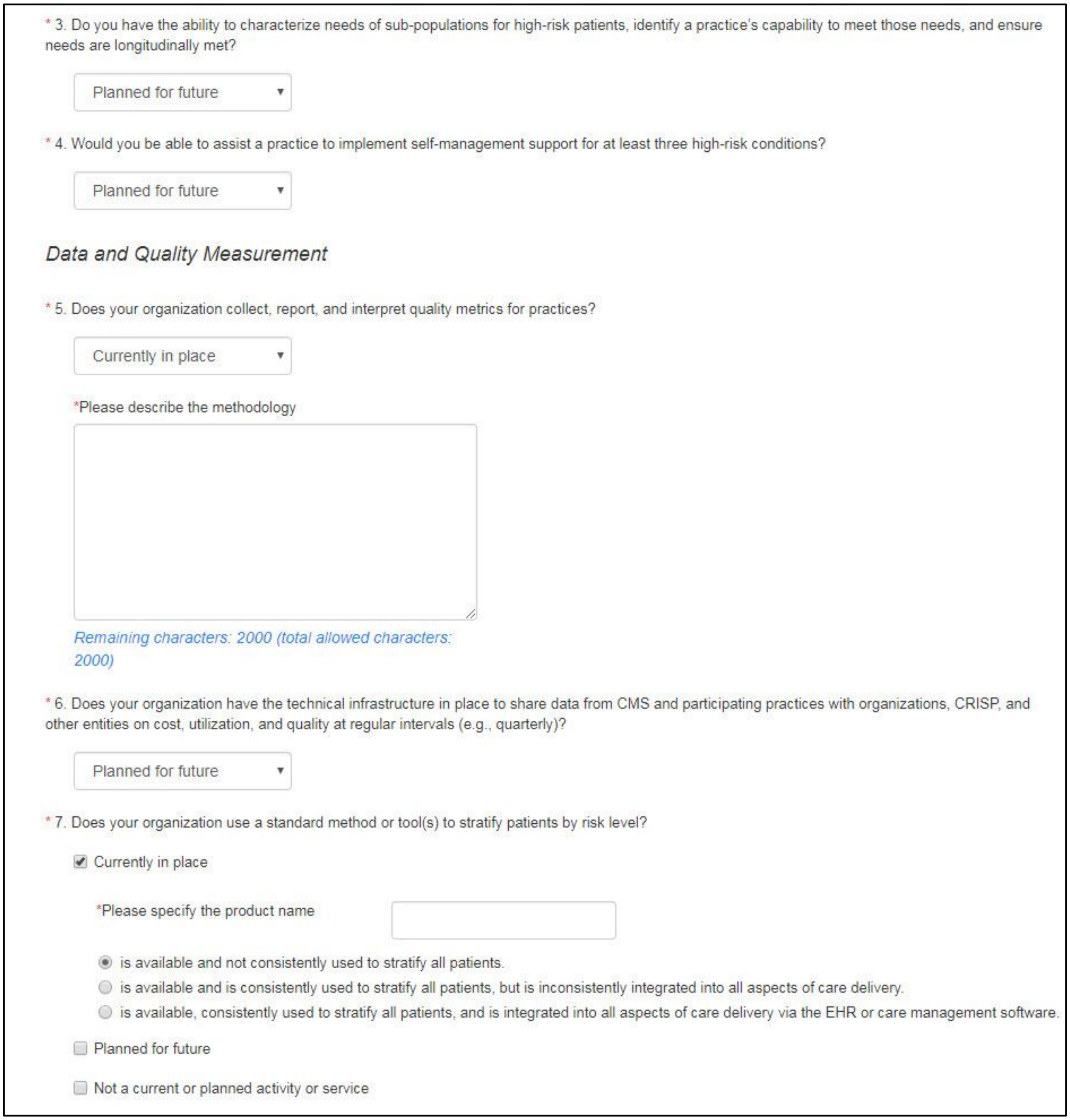
7. Select the **Save** button.
8. The information displays in the **Care Teams and Care Management** table.
   - Select **Edit** to edit the Care Team Member information.
   - Select **Delete** to delete the entry.

Category	Currently in place		Planned for future		Action
	How many	Ratio to Patients	How many	Ratio to Patients	
Care Managers - RNs	10	5	10	5	Edit Delete

Figure 34: Care Teams and Care Management Table

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

12. Select a response for Question 7. If **Currently in place** or **Planned for Future** is selected, 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?

Planned for future

Data and Quality Measurement

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

Currently in place

*Please describe the methodology

Remaining characters: 2000 (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)?

Planned for future

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

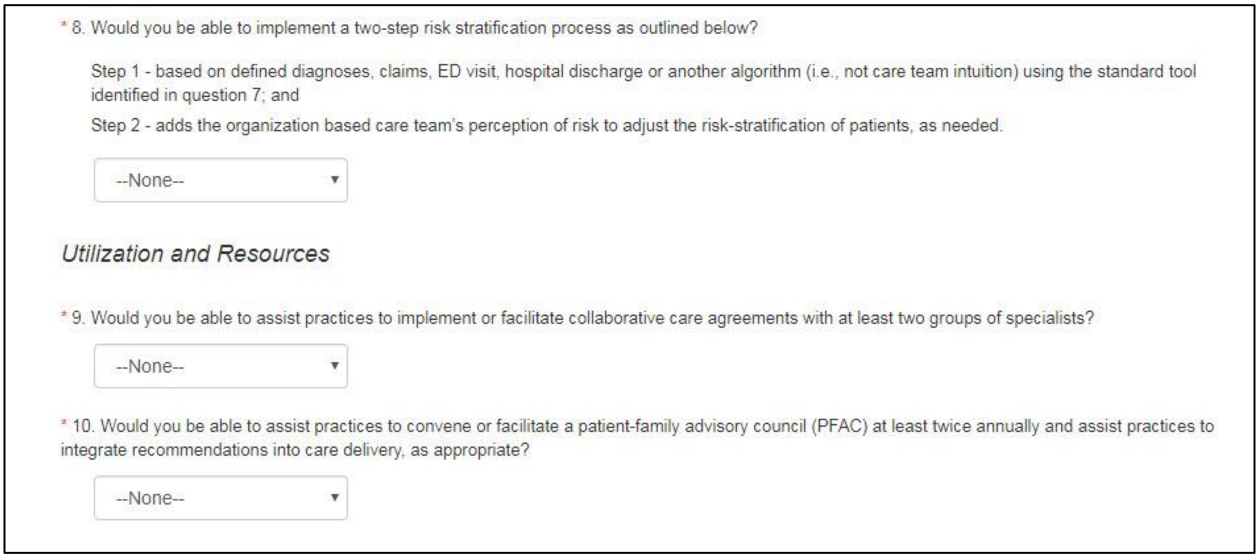
- [x] Currently in place

*Please specify the product name

- (•) is available and not consistently used to stratify all patients.
- ( ) is available and is consistently used to stratify all patients, but 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 via the EHR or care management software.
- [ ] Planned for future
- [ ] Not a current or planned activity or service

Figure 35: 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 two-step risk stratification process as outlined below?

Step 1 - based on defined diagnoses, claims, ED visit, hospital discharge or another algorithm (i.e., not care team intuition) using the standard tool identified in question 7; and

Step 2 - adds the organization based care team's perception of risk to adjust the risk-stratification of patients, as needed.

--None--

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?

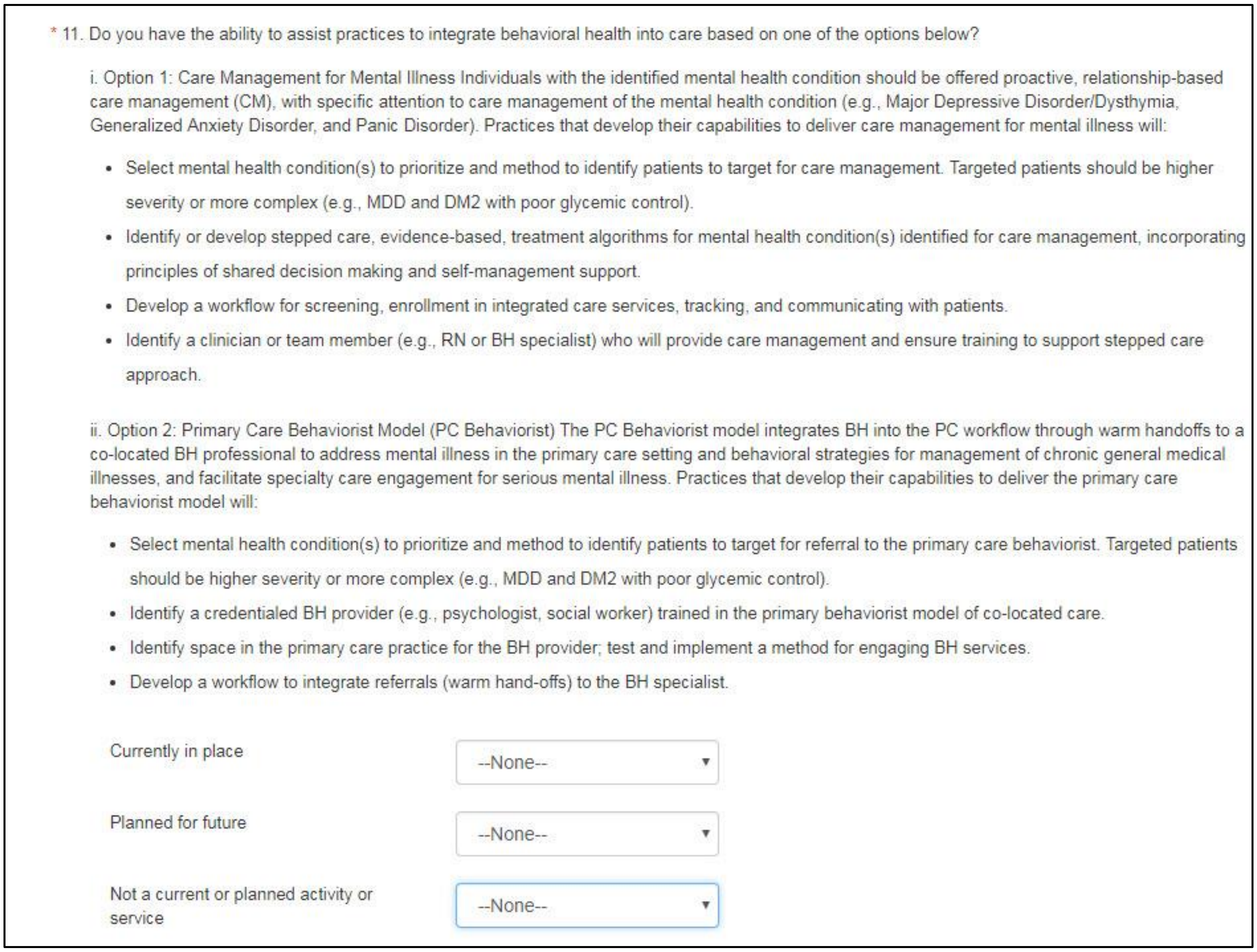
--None--

* 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?

--None--

Figure 36: Care Delivery Page – Utilization and Resources

14. Select a response for Question 11. If **Yes** is selected for **Not a current or planned activity or service**, the other two options are disabled.



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

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

- Select mental health condition(s) to prioritize and method 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 mental 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.

ii. Option 2: Primary Care Behaviorist Model (PC Behaviorist) The PC Behaviorist model integrates BH into the PC workflow through warm handoffs to a co-located BH professional to address mental illness 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 model will:

- Select mental 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 model 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.

Currently in place	--None--
Planned for future	--None--
Not a current or planned activity or service	--None--

Figure 37: Care Delivery Page– Additional Utilization and Resources

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

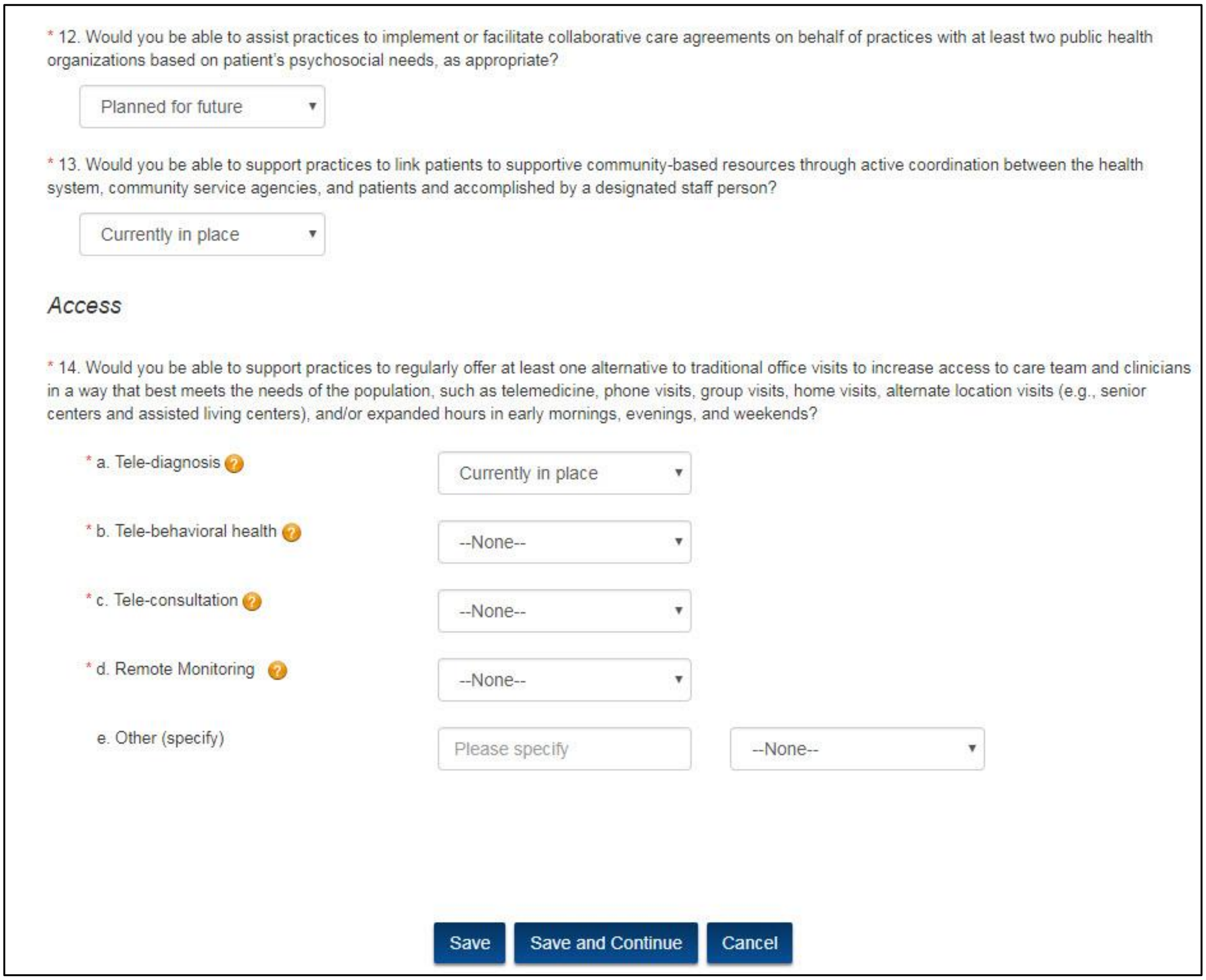


Figure 38: Care Delivery Page – Access

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**.

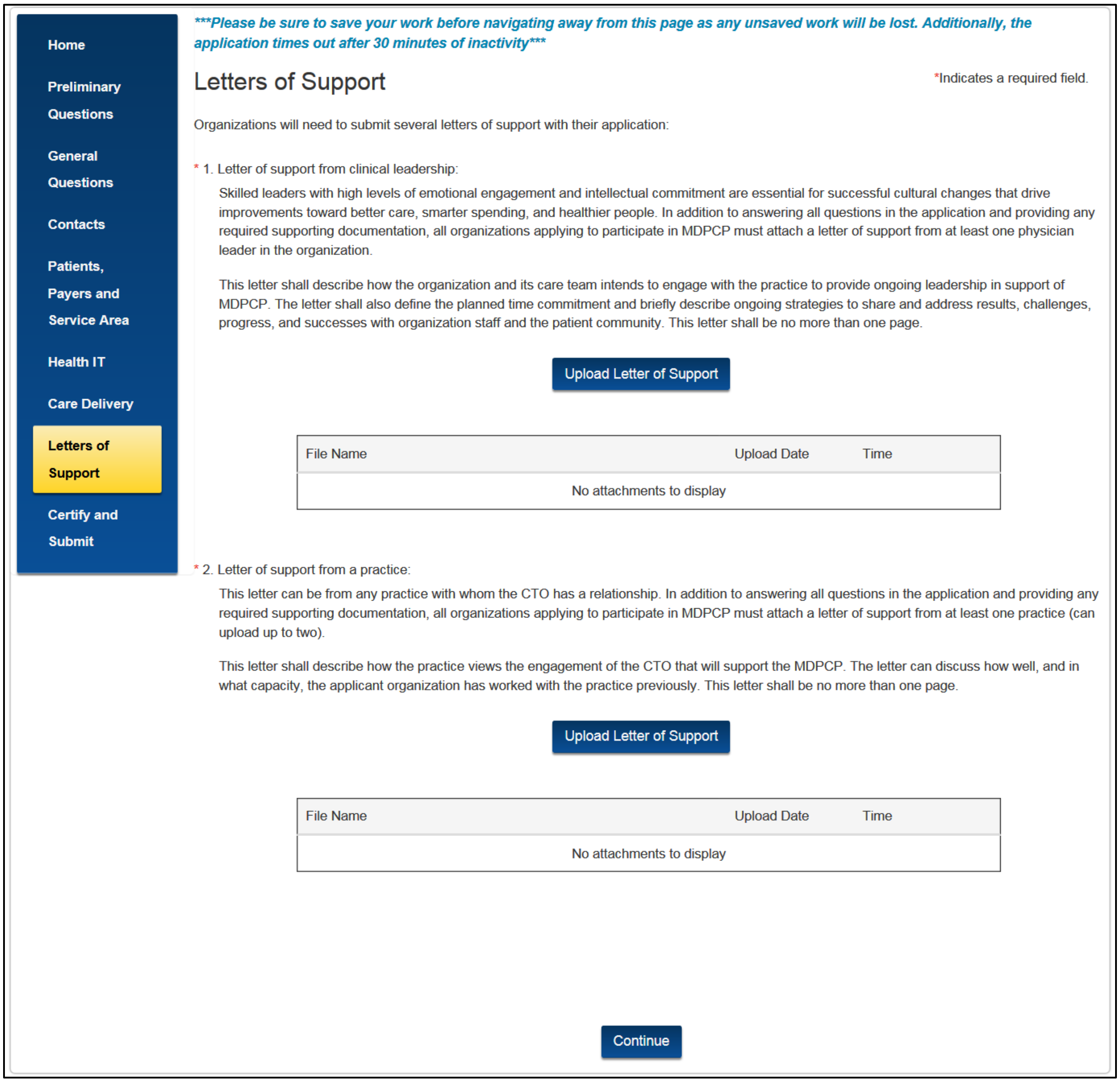


Figure 39: Letters of Support Page

1. The **Upload Documents** window displays.

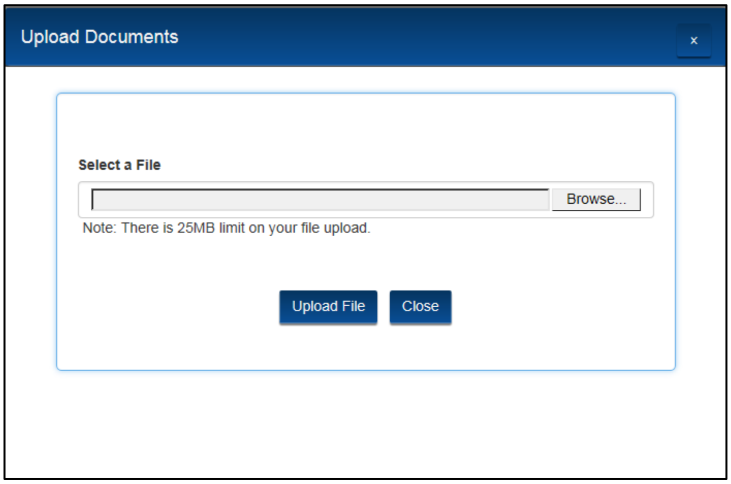


Figure 40: Upload Documents Window

2. Select **Browse…** to navigate to the file in your directory.
3. Select **Upload File** button.
4. A confirmation message displays. Only PDF and MS Word files can be uploaded.
5. Select '**X'** to exit the window or Cancel button.

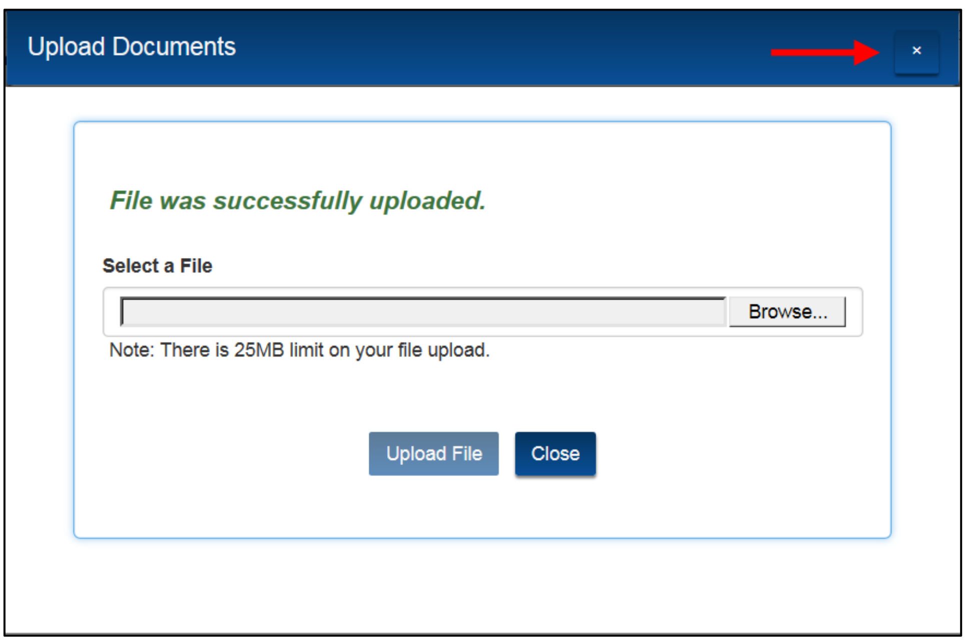


Figure 41: Upload Documents Window – Confirmation Message

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

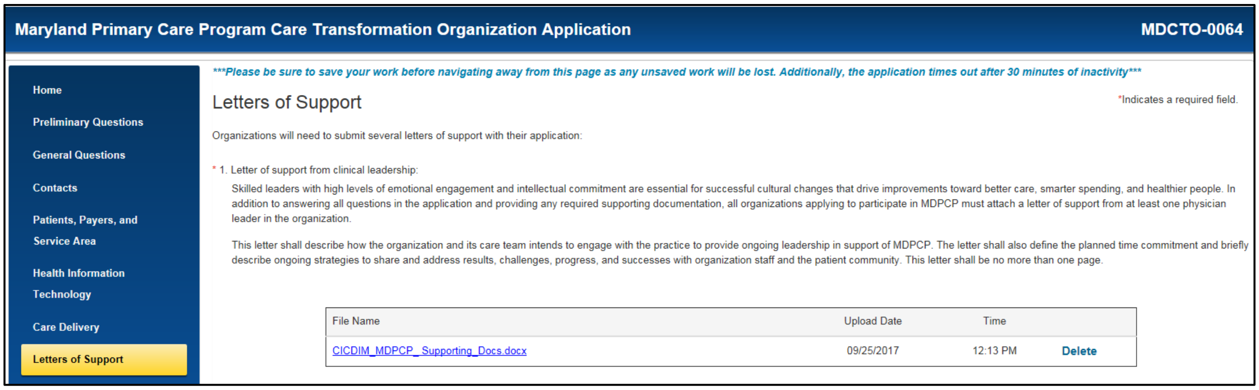


Figure 42: Letter of Support Page

10. Repeat steps from 1 through 5 for Question 2.
11. Once both letters are uploaded, select **Continue**.
12. 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 four checkboxes to submit the application.
2. To preview the application, select **Preview Your Application**.
3. Select **Submit**.

   Note: **Submit** is disabled unless all checkboxes are selected.

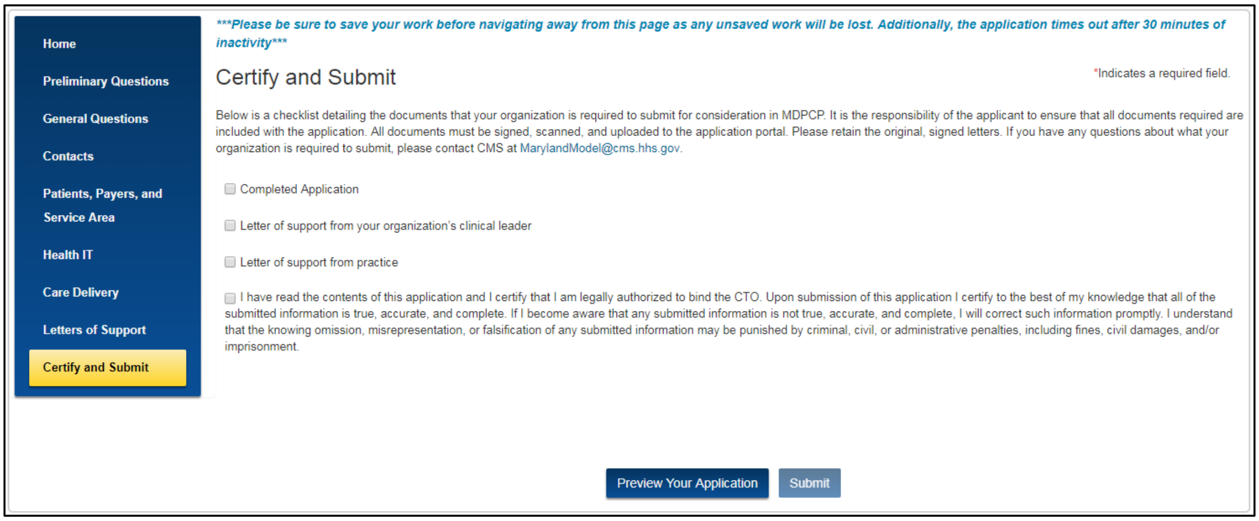


Figure 43: Certify & Submit Page

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

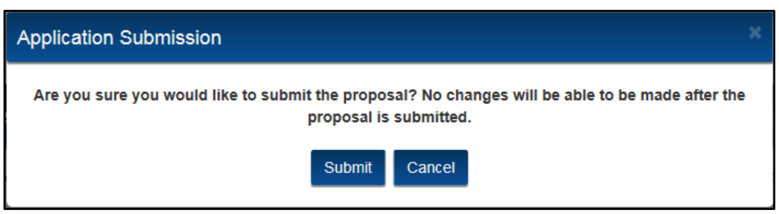


Figure 44: Application Submission Window

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

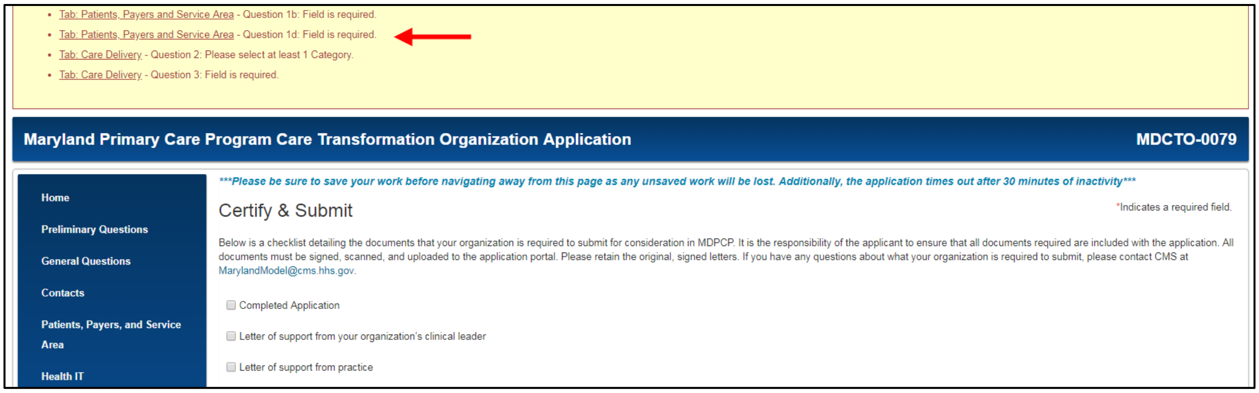


Figure 45: Validation Errors

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

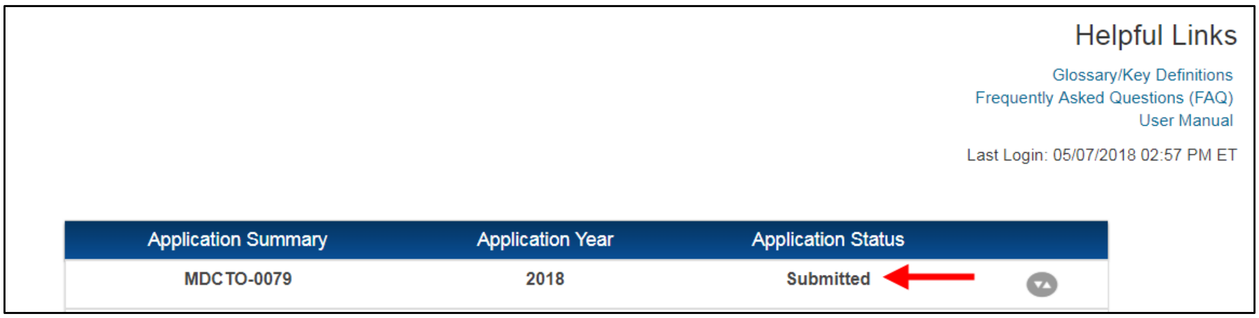


Figure 46: Home Page with Submitted Application

4.10 In Progress Application

Once an application has been started and saved it displays in the table on the home page. The **Start a New Application** button does not display while an application is **In Progress**.

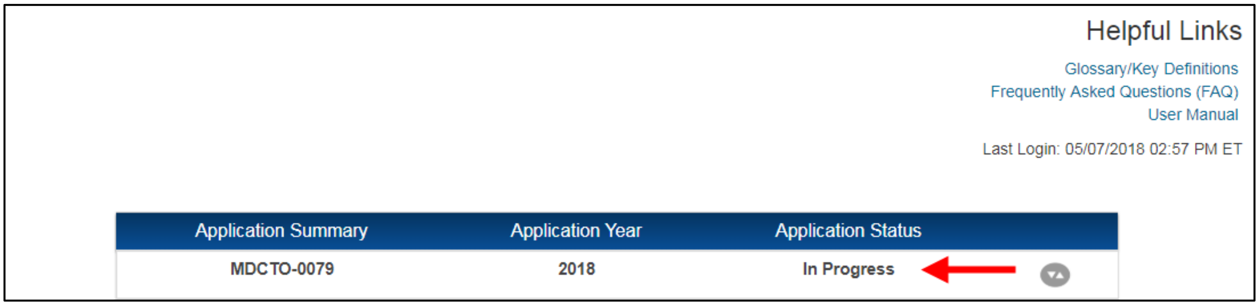


Figure 47: Application In Progress

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. Only **In Progress** applications can be deleted.

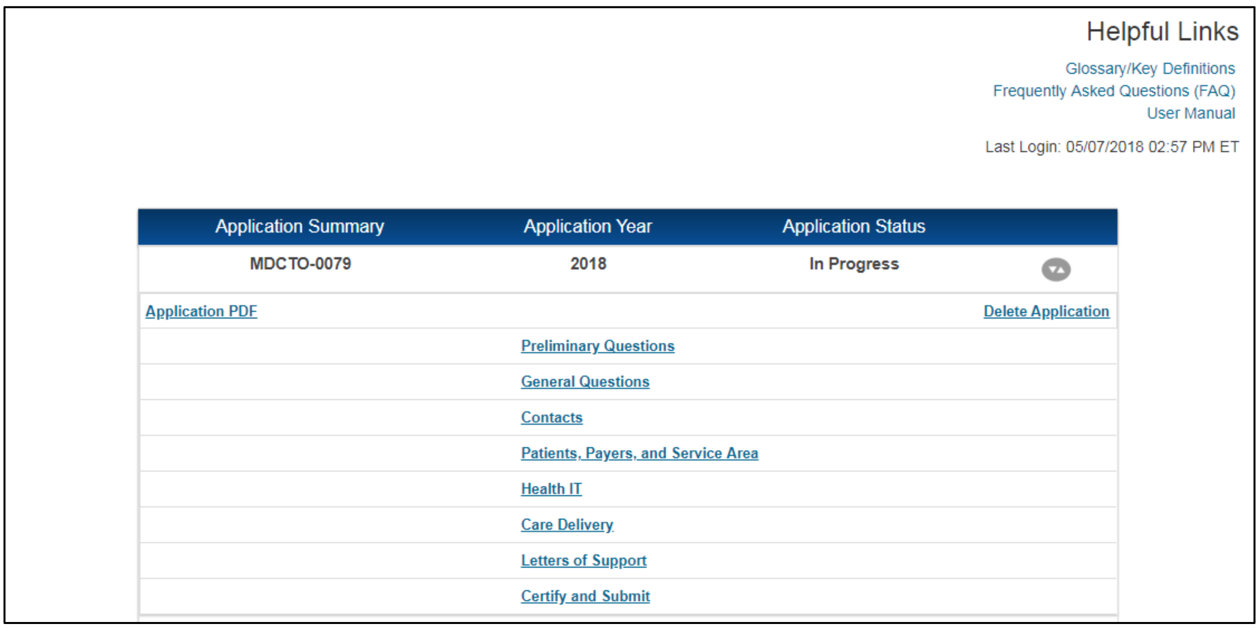


Figure 48: Application Page Links

5. Helpful Tips

Table 6 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	09/25/2017	Hiwote Damtew	Initial Draft
0.2	10/16/201	Raquel McLaughlin	Draft Revision
0.3	10/19/2017	Alexandra Weil	Peer review
0.4	10.20/2017	Mandyssa Alcee	Addressed comments
0.5	10/25/2017	Suajtha Errapothu	Initial QA review is completed.
0.6	10/25/2017	Sharon Kenney	Initial Peer review
0.7	11/06/2017	Mandyssa Alcee	Addressed comments
0.8	11/07/2017	Alexandra Weil	Second review
0.9	11/13/2017	Sujatha Errapothu	QA Final review is completed.
.10	11/13/2017	Mandyssa Alcee	Addressed comment.
.11	3/12/2018	Sharon Kenney	Updated screen shots per CR2981
.12	5/7/2018	Sharon Kenney	Updated screen shots per CR3218
.13	5/21/2018	Sharon Kenney	Added feedback from model team

Appendix B: Acronyms

Table 8: Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
CMMI	Center for Medicare and Medicaid Innovation (the Innovation Center)
CMS	Centers for Medicare and Medicaid Services
CTO	Care Transformation Organization
CRISP	Chesapeake Regional Information System for our Patients
IE	Internet Explorer
MDPCP	Maryland Primary Care Program
TIN	Tax Identification Number
XLC	CMS eXpedited Life Cycle

Appendix C: 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.

Signature: ______________________ Date: __________

Print Name: ______________________

Title: ______________________

Role: ______________________

Signature: ______________________ Date: __________

Print Name: ______________________

Title: ______________________

Role: ______________________

Signature: ______________________ Date: __________

Print Name: ______________________

Title: ______________________