



Centers for Medicare & Medicaid Services
CMS Target Life Cycle (TLC)

Maryland Primary Care Program (MDPCP) Care Transformation Organization (CTO)

Request for Application (RFA)

Portal User Manual

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1 Introduction

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

2 Overview

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

2.1 Conventions

We indicated fields, buttons, and links for users to act on in bold text.

We call out specific objects in screenshots with red outlines and arrows with alternative text provided See Section 2.4 for accessibility guidelines.

We created screenshots in Internet Explorer (IE) 11. Depending on the browser you use, your screens may vary from the examples in this manual.

2.2 Cautions & Warnings

2.2.1 Application Access Time-out

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

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

2.2.2 Information Systems

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

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

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

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

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

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

2.2.3 Consent to Monitoring

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

2.2.4508 Disclaimer

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

2.2.5 Technical Issues

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

3 Getting Started

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

3.1 Set-up Considerations

Browser Guidelines: Salesforce is supported by:

- Apple® Safari® versions 5.x, 6.x, and 7.x on Mac OS X.
- The most recent stable versions of Mozilla® Firefox® and Google Chrome™.

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

3.2 User Access Considerations

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

3.3 Accessing the System

This section provides information on:

- New User Registration (No CMS Identity Management [IDM] Account)
 - New User Registration (With CMS IDM Account)
 - Existing User Verification (No CMS IDM Account)
 - Existing User Verification (With CMS IDM Account)
 - Reset your IDM password
 - Change your password
 - Unlock your IDM account
 - Multi-Factor Authentication (MFA)
 - Login to MDPCP Application
1. Navigate to <https://app1.innovation.cms.gov/mdprov>. The MDPCP Model Application Login page displays.

Figure 1: MDPCP Model Application Login Page

3.3.1 New User Registration (No CMS IDM Account)

1. Select **New User Registration**. The Existing CMS Identity Management (IDM) Account Verification page displays.

Figure 2: Existing CMS Identity Management (IDM) Account Verification

2. As a new user attempting to access the MDPCP CTO, select **No**, and then select the **Next>>** button to continue. The IDM Registration page displays.

Figure 3: IDM Registration Page

3. Enter all required field(s) and select Next>>.

The success message displays for registering for CMS IDM. You will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth, and Social Security Number (SSN). Select the following link to learn more about RIDP: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/HETSHPRIDPMFAFAQ.pdf>.

Figure 4: Successful Registration Page

4. After successful registration with CMS IDM, select Continue to Verify Identity to authenticate your identity. Please note that RIDP authentication is a two-step process.

Remote Identity Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2

* Legal First Name	Middle Name	* Legal Last Name	
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	
Email		* Date of Birth	
<input type="text" value="John.Doe@mailinator.com"/>		<input type="text" value="MM/DD/YYYY"/>	
* Street Address Line 1	Street Address Line 2		
<input type="text"/>	<input type="text"/>		
* City	* State	* Zip Code	Zip Code Extn
<input type="text"/>	<input type="text" value="Select State"/> ▼	<input type="text"/>	<input type="text"/>
* Phone (XXXXXXXXXX)	* Social Security Number (XXXXXXXXXX)		
<input type="text" value="XXXXXXXXXX"/>	<input type="text" value="XXXXXXXXXX"/>		

Figure 5: Remote Identity Proofing (RIDP) Page, Step 1 of 2

5. Enter all required information. Please note that the RIDP is the process of validating sufficient information that uniquely identifies you (e.g., credit history, personal demographic information, and other indicators). You will be asked to provide a set of core credentials which include:
 - Full Legal Name
 - SSN (may be optional)
 - Date of Birth
 - Current Residential Address
 - Personal Telephone Number

CMS.gov

Remote Identify Proofing (RIDP)
Step 2 out of 2

00:05:31

*You may have opened a mortgage loan in or around February 2015. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select "NONE OF THE ABOVE/DOES NOT APPLY".

LOAN AMERICA
 CFC/FIRST COMMONWEALTH
 CROSSLAND MORTGAGE
 ROCK FINANCIAL CORP
 NONE OF THE ABOVE/DOES NOT APPLY

*You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select "NONE OF THE ABOVE/DOES NOT APPLY".

WESTAR FINANCIAL
 SEAFIRST BANK
 FIRST COMMONWEALTH BANK
 US BANK
 NONE OF THE ABOVE/DOES NOT APPLY

*Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select "NONE OF THE ABOVE".

24
 36
 48
 60
 NONE OF THE ABOVE/DOES NOT APPLY

*You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

2011
 2013
 2015
 2017
 NONE OF THE ABOVE/DOES NOT APPLY

*Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select "NONE OF THE ABOVE".

FIRST NATIONAL TRUST SAVINGS
 CHARTER OAKS FCU
 NEWPORT FCU
 TEXAS BANK
 NONE OF THE ABOVE/DOES NOT APPLY

[Back to Step 1](#) [Submit Answers](#)

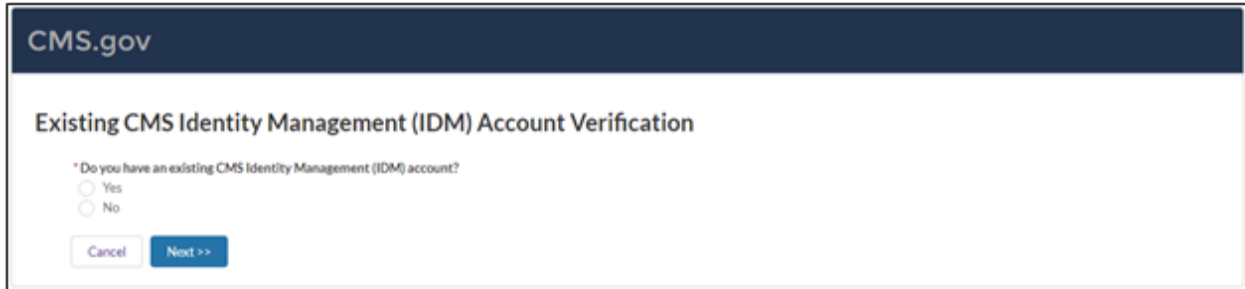
Figure 6: Remote Identity Proofing (RIDP) Page, Step 2 of 2

6. After successful authentication of RIDP, you will receive the following two emails:
 - a. Activate CMS IDM Account email
 - b. Welcome Model Community email
7. After activation of your CMS IDM account, you will be prompted to create a password.

3.3.2 New User Registration (With CMS IDM Account)

When you already have a CMS IDM Account and do not have access to the MDPCP CTO, follow the steps below to gain access:

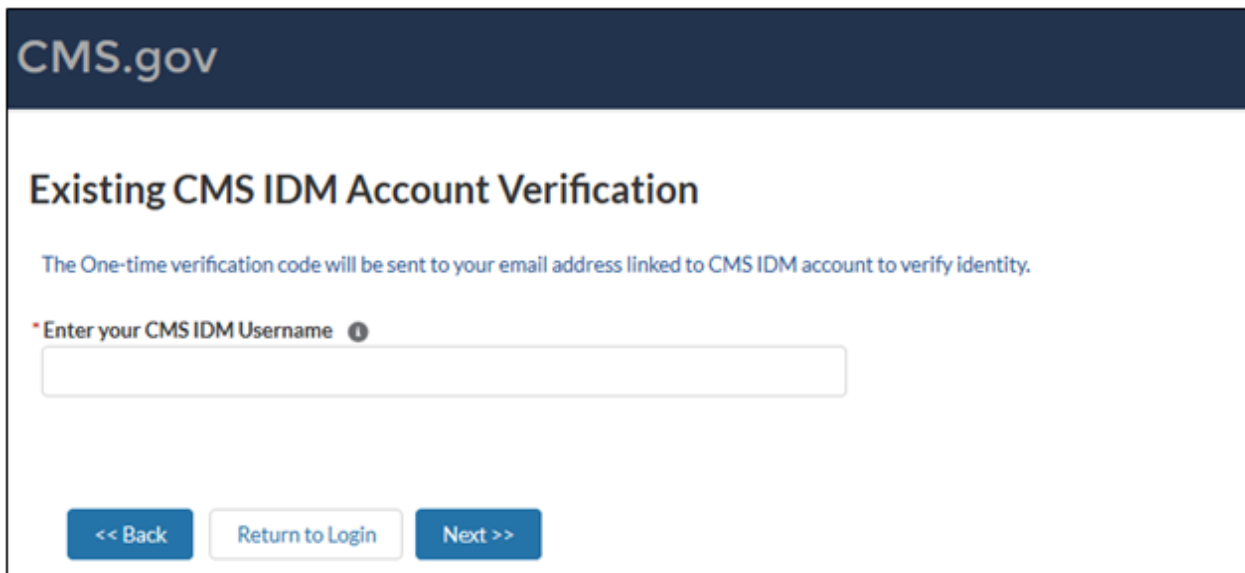
1. Select **New User Registration** from the MDPCP CTO Login page. The Existing CMS Identity Management (IDM) Account Verification page displays.



The screenshot shows the CMS.gov logo at the top left. Below it, the title "Existing CMS Identity Management (IDM) Account Verification" is displayed. A question asks, "Do you have an existing CMS Identity Management (IDM) account?" with radio button options for "Yes" and "No". At the bottom, there are two buttons: "Cancel" and "Next >>".

Figure 7: Existing CMS Identity Management (IDM) Account Verification Page

2. Select **Yes**, and then select **Next>>** to continue. The Existing CMS IDM Account Verification page displays.



The screenshot shows the CMS.gov logo at the top left. Below it, the title "Existing CMS IDM Account Verification" is displayed. A blue message states, "The One-time verification code will be sent to your email address linked to CMS IDM account to verify identity." Below this is a required field labeled "Enter your CMS IDM Username" with an information icon. A text input box is provided for the username. At the bottom, there are three buttons: "<< Back", "Return to Login", and "Next >>".

Figure 8: Existing CMS IDM Account Verification Page

3. Enter your **CMS IDM Username** and select **Next>>**. You will be prompted to enter a one-time verification code. The verification code will automatically be sent to the email linked to your CMS IDM account.

Figure 9: Verification Code

4. Enter the Verification Code provided in your email and select **Validate OTP & Proceed**.
5. The Salesforce System will add the MDPCP Model Application Portal permissions to your account and now you can log in using your CMS IDM credentials. You will receive a welcome email from the MDPCP Model Application Portal.

Figure 10: Successful Verification of your CMS IDM Account

You can now return to the login page and use your CMS IDM credentials to access the MDPCP Model Application Portal.

3.3.3 Existing User Registration (No CMS IDM Account)

If you are an existing MDPCP Model Application Portal user and do not have a CMS IDM account, please follow the steps below to log in to the MDPCP Model Application Portal:

1. Select **Existing User Verification** from the MDPCP Model Application Portal Login page.
2. Select **No** on the Existing CMS Identity Management (IDM) Account Verification page. The Existing CMS IDM Account Verification page displays.

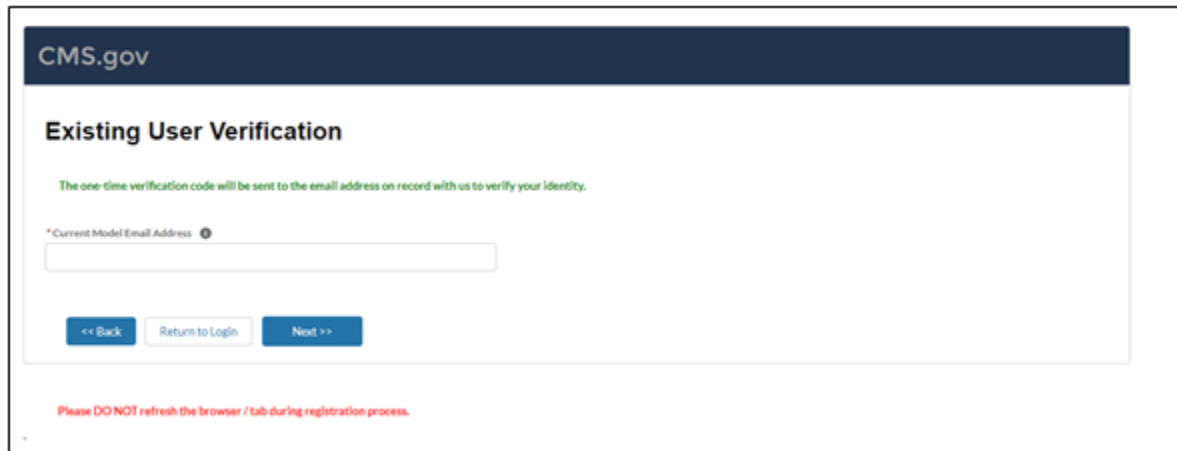


Figure 11: Existing CMS IDM Account Verification

3. Enter your email address that is currently associated with the MDPCP Model Application and select **Next>>**.
4. You will be prompted to enter a one-time verification code. Please note that the verification code will be sent to the email address you provided.
5. The successful registration to CMS IDM page displays. You will receive the following two emails:
 - a. CMS IDM Account Activation email
 - b. Welcome to the Maryland Primary Care Program Practice (MDPCP Provider) Model Community email

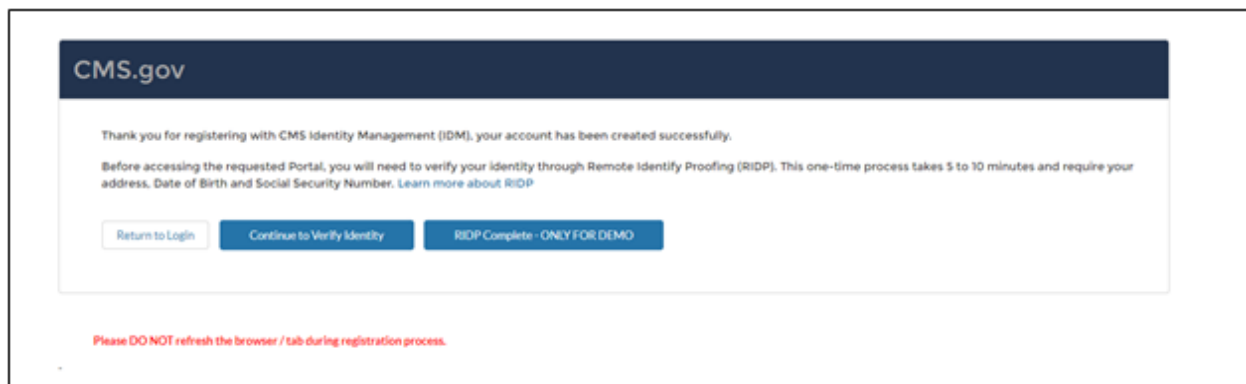


Figure 12: Successful CMS IDM Registration Page

6. After activating your CMS IDM account, you are required to authenticate through RIDP. Select **Continue to Verify Identity** and follow RIDP verification.
7. After successfully authenticating through RIDP, you will be prompted to create a password. You can now log in to the MDPCP Model Application Portal.

3.3.4 Existing User Registration (With CMS IDM Account)

When you have a CMS IDM account and have permission to use the MDPCP Model Application Portal, please follow the steps below to authenticate your identity for the first time:

1. Select **Existing User Verification** from the MDPCP Model Application Login page.

2. Select **Yes** on the Existing CMS Identity Management (IDM) Account Verification page. The Existing CMS IDM Account Verification page displays.
3. Enter your current CMS IDM account and your current model email address, then select **Next>>**. You will be prompted to enter a one-time verification code.

Note: When you have different email addresses linked to CMS IDM and the MDPCP Model Application Portal, then you will be prompted to provide two verification codes.

4. After verification, you will be prompted to return to the Login page. You can now log in to the MDPCP Model Application Portal.

3.3.5 Reset your password

If you forget your password, you can reset it by selecting the **Need help signing in?** link.

1. Select the **Forgot password?** link.
2. The Reset Password page displays.

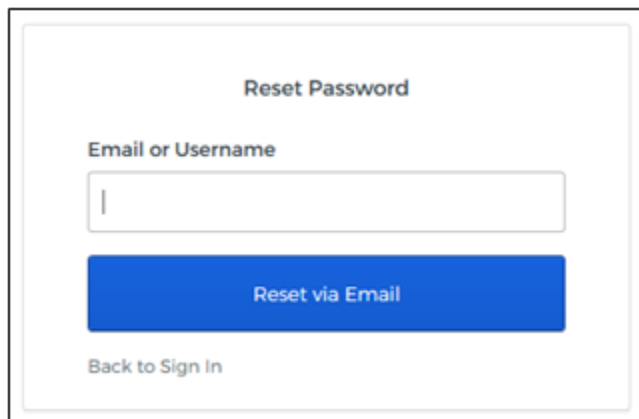


Figure 13: Reset Password Page

3. Enter the Email or Username linked to your profile.
4. You will receive an email to reset your password. Follow the steps provided in the email to reset your password.

3.3.6 Change Password

If you want to change your password, select the **Change Password** link provided on the MDPCP Model Application Portal pages.

1. Select **Change Password**.

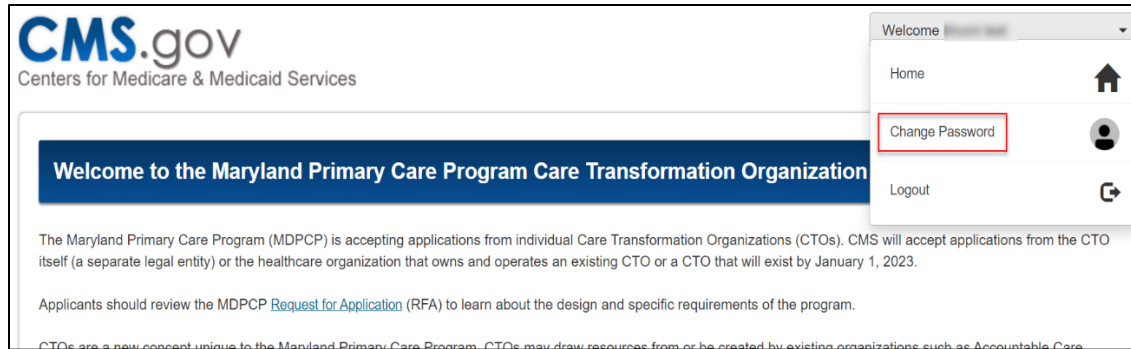


Figure 14: Change Password Link on Portal

The CMS IDM – Change Password page displays.

 A screenshot of the 'CMS IDM - Change Password' page. The title is centered at the top. Below the title are three input fields with labels: '* Enter your Old IDM password', '* Enter your New IDM password', and '* Confirm your New IDM password'. At the bottom, there are two buttons: a blue button with a left arrow and the text 'Back to previous page', and a grey button labeled 'Submit'.

Figure 15: CMS IDM – Change Password Page

2. Enter your old IDM password, new IDM password, and confirm your new IDM password.
3. Select **Submit**. You can now log in using your new password.

3.3.7 Unlock your CMS IDM account

When you have two or more invalid attempts to log in to the MDPCP Model Application Portal, your account will be temporarily locked. You can unlock your account by selecting the **Need help signing in?** link.

1. Select **Need help signing in?** and then select the **Unlock account?** link. The Unlock account page displays.

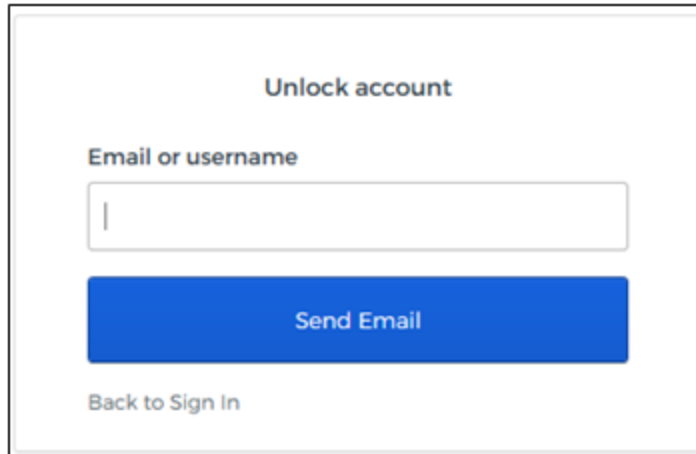


Figure 16: CMS IDM – Unlock Account Page

2. Enter your Email or username and select **Send Email**.

3.3.8 Multi-Factor Authentication (MFA)

After successful login to CMS IDM, you are navigated to the IDM Landing page. You can set up MFA to send verification code(s) based on your selections.

1. Scroll down to the Multi-Factor Authentication section on your Profile to view the available options.

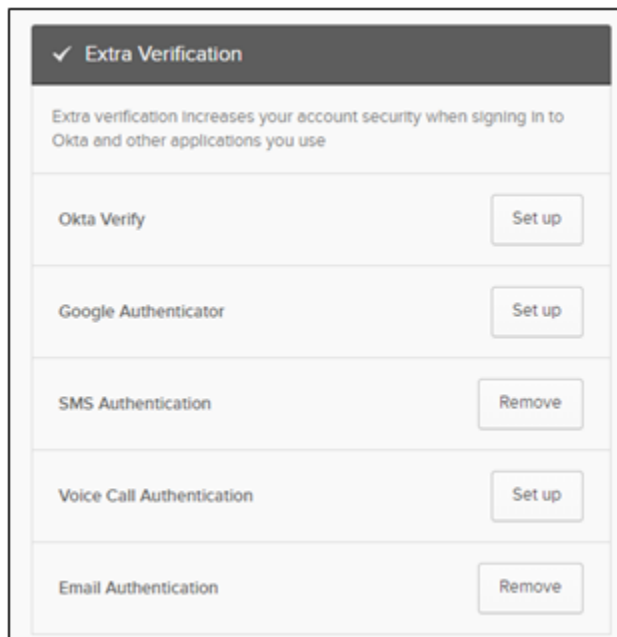


Figure 17: MFA Set Up

2. Choose your desired MFA Factor(s) and select **Set up**.

3.3.9 Log in to the MDPCP Model Application Portal

After successful registration, you are ready to log in to the Portal.

1. Access the MDPCP Model Application Login page.

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice
Application Login

CMS IDM Username
kennytest

CMS IDM Password

Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

HELP DESK
Technical Issues
Please contact CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.

Figure 18: MDPCP Model Application Login Page

2. Enter your CMS IDM Username.
3. Enter your CMS IDM Password.
4. Select **Log In**. The Email Authentication page displays.

Figure 19: Email Authentication Page

5. Select **Send email**. You will receive an email to the email account you used when you registered for access to the Portal.
6. Retrieve the email and enter the one-time verification code.
7. Select **Verify**. You will be logged in to the Portal.

3.4 System Organization & Navigation

Each Portal page displays the following objects:

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

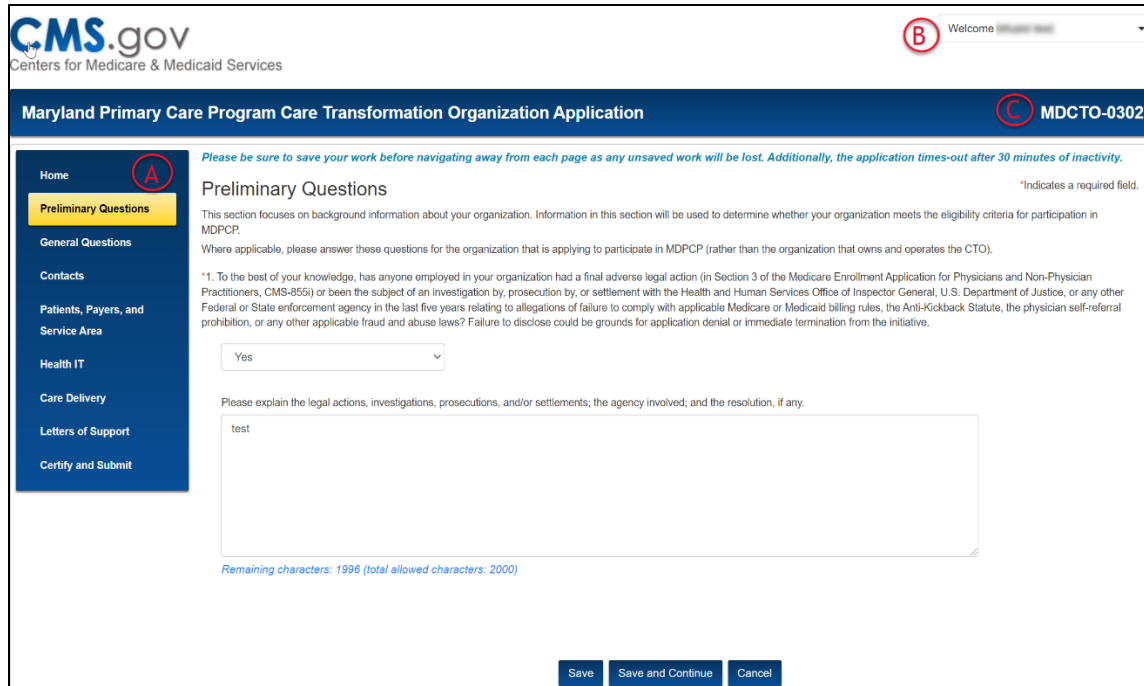


Figure 20: System Navigation

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.

Tabs	Function
Certify and Submit	Navigates to the Certify & Submit page to certify and submit the application to participate in the MDPCP Model.

3.4.1 User Interface

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


Type	First Name	Last Name
<input type="checkbox"/> Applicant Contact	test	test
*Organization Contact 	test	test
*Designated Official  The Organization contact should be someone who can act as a representative on behalf of the CTO.		

Figure 21: Red Asterisk and Help Bubble

3.4.2 Welcome Menu

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

- Home page
- Change Password
- Logout



Figure 22: Welcome Bar Drop-Down Menu

3.4.3 Saving an Application

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



Figure 23: Action Buttons

Table 2: Action Buttons

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

3.5 Exiting the System

1. To log out of the Portal, click on the **Welcome menu** on the upper-right corner of the screen. The screen shows a drop-down menu.
2. Select **Logout**.

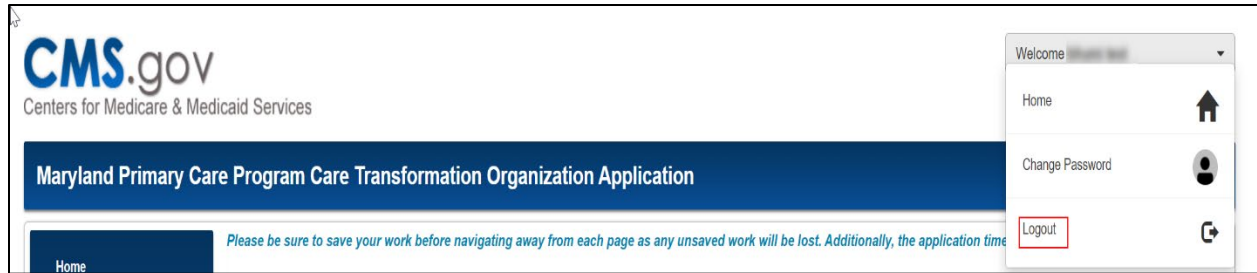


Figure 24: Logout

4 Using the System

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

4.1 Home Page

The Home page contains general application instructions for the MDPCP application. In addition, the home page displays:

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

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

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is either a Federally Qualified Healthcare Center (FQHC) or 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 the 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. More details for completing a CRISP Letter of Support are available at <https://health.maryland.gov/mdpcp/Pages/ProgramApplication.aspx>.

Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of health 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. Track 3 practices must be able to deliver Track 2 services, while taking on more practice-level accountability for attributed MDPCP beneficiaries' costs and quality of care, and shifting further away from the FFS payment structure by introducing a flat visit fee (FVF) for select primary care services paid at the time of service and a population based payment (PBP) that is paid prospectively on a quarterly basis.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference but will assign practices to Track 1, 2 or 3 based on responses to this application. Please refer to the RFA for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. 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, or compile them into a Frequently Asked Questions compendium to ensure that all interested practices and Care Transformation Organizations (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

[Glossary](#)

Last Login: 03/14/2023 03:34 PM ET

Start a New Application

Application Summary	Application Year	Application Status
No applications to display		

Figure 25: Home Page

Table 3 describes each helpful link on the Home page.

Table 3: Home Page Helpful Links

Helpful Link	Function
Glossary	Navigates to a new tab and displays the MDPCP glossary.
User Manual	Navigates to a new tab and displays the user manual.

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

Table 4: Home Page Table Description

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

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

Table 5: Application Status

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

4.1.1 Start a New Application

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

To start a new application:

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

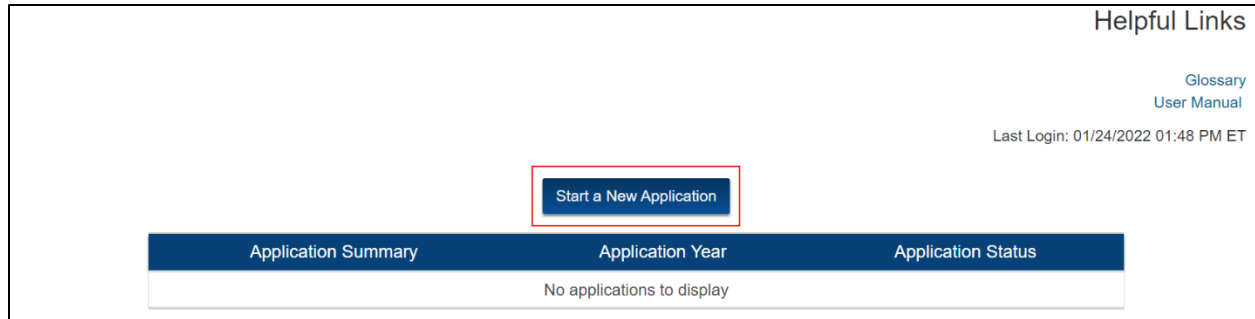


Figure 26: Start a New Application Button

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

TIN is exactly 9 digits and leading zeros are allowed. If the TIN you entered already exists in the system, the **Continue** button is disabled.

You must enter a unique TIN to continue the application.

Figure 27: TIN Window

4. Select from the drop-down menu to answer the question.
 - a. If you select **Yes**, a drop-down will display to identify the TIN as an **Employer Identification Number (EIN)** or a **Social Security Number (SSN)**.
 - b. If you select **No**, an additional field will display for entry of the **TIN used to bill Medicare**, along with a drop-down that will display to identify the TIN as an EIN or an SSN.
5. Enter the additionally requested information.
6. Select the **Continue** button. 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. Select from the drop-down menu to answer question 1.
 - a. If you select **Yes**, a text field displays that allows the applicant to enter additional information (2000 max character limit).

OR

- b. If you select **No**, no additional fields display.

2. Select **Save and Continue**.
3. The General Questions page displays.

Figure 28: 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 for Question 2 and 3 from the available options.

Figure 29: General Questions Page - Question 1, 2 and 3

3. For Question 4a, the TIN auto-populates with the number you provided in the TIN window.
4. For Question 4b,
 - a. If you select **Yes**, there are no additional fields displayed.
 - b. If you select **No**, additional fields appear to enter the Organization billing address. These fields are identical to the fields in question 4a.

*4a. Organization Identification:
 Note: The 'Organization Site' name is your entity's legal name. If you use a different name for doing business, please enter it as your 'DBA' name.

TIN Number - 764237864

*i. Organization Site Legal Name

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

*iii. Street Address 1

iv. Street Address 2

*v. City

*vi. State

*vii. Zip Code

*viii. Organization Site Phone Number

ix. Website (if applicable)

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

*i. Organization Site Legal Name

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

*iii. Street Address 1

iv. Street Address 2

*v. City

*vi. State

*vii. Zip Code

*viii. Organization Site Phone Number

ix. Website (if applicable)

Figure 30: General Questions Page – Question 4a and 4b

5. For Question 5,
 - a. If you select **Yes**, there are additional fields displayed.
 - b. If you select **No**, there are no additional fields displayed

6. Select a response for Questions 6 through 8.

7. Enter the Organizational **NPI** number for question 9.

Note: The NPI number is exactly 10 digits, leading zeros are allowed.

8. Enter the Organizational CMS Certification Number (**CCN**) for question 10.

Note: the CCN number is exactly 6 digits, leading zeros are allowed.

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

Yes ▾

*a. What is the name of the organization?

*b. Corporate Street Address 1

c. Corporate Street Address 2

*d. Corporate County

*e. Corporate State

*f. Zip Code

*g. Corporate Phone Number

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

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

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

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

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

For profit corporation ▾

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

No ▾

*8. 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?

No ▾

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

10. Please provide your Organizational CCN.

Figure 31: General Questions Page – Question 5 through 10

9. Select the **Save and Continue** button.
10. The **Contacts** page displays.

4.4 Contacts

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

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

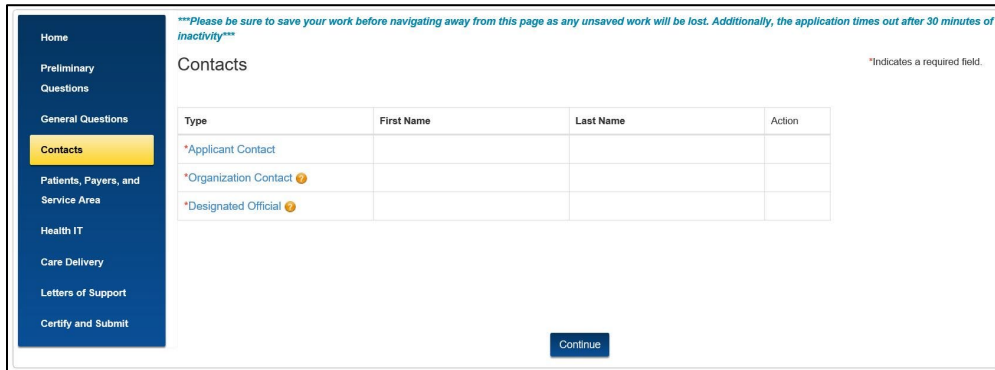


Figure 32: Contacts Page

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

Applicant Contact *Indicates a required field.

*a. First Name

*b. Last Name

*c. Title/Position

*d. Does this person work in the organization?

*e. Relationship with the organization

*f. Business Phone Number

g. Business Phone Number Extension

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

*i. Email Address

*j. Street Address 1

k. Street Address 2

*l. City

*m. State

*n. Zip Code

*o. This application requires a letter of support from a clinical leader in your organization. Please enter the name of the clinical leader that will provide a signed letter of support for this application:

[Save](#) [Close](#)

Figure 33: 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 34: Contacts Page – Contacts Table Applicant Contact

7. Select the **Organization Contact** link.
8. A drop-down menu displays.
 - a. If you select **Yes**, no additional fields are displayed.
 - b. If you select **No**, additional fields are displayed to enter Organization Contact details.

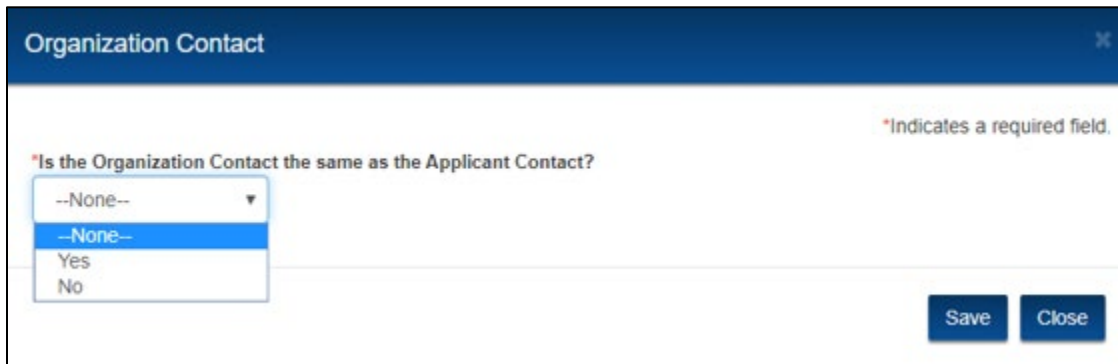


Figure 35: Organization Contacts Page

9. Select the **Save** button.

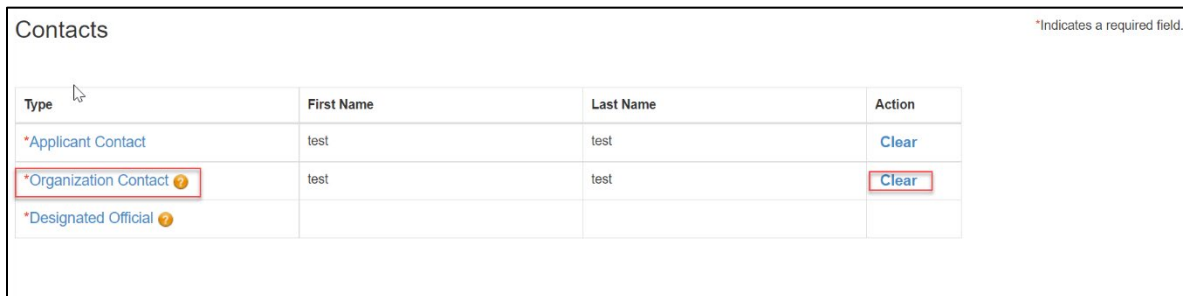


Figure 36: Contacts Page – Contacts Table Organization Contact

10. Select the **Designated Official** link. The Designated Official window displays.
11. Complete the fields as requested.
12. Select the **Save** button.
13. The Designated Official information displays in the Contacts table on the Contacts page.
14. After completing all contact types, the information displays in the table.

15. Select the **Continue** button. Because the information entered in the popup windows has been saved, no save options are present.

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

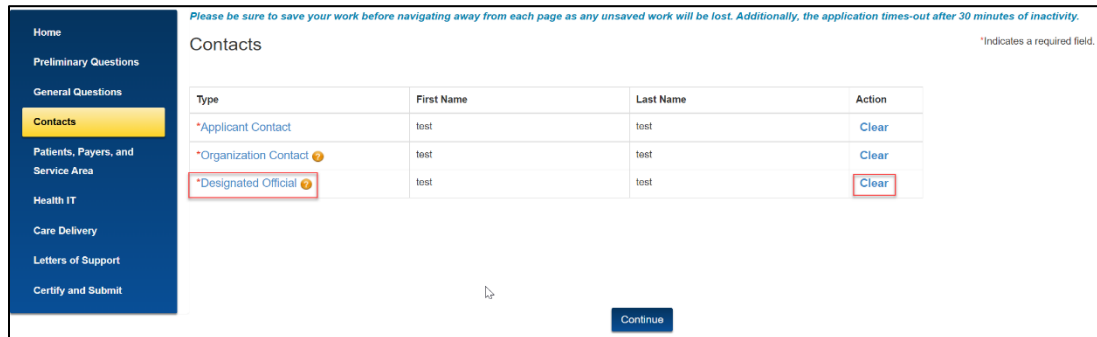


Figure 37: Contacts Page – Contacts Table Designated Official

4.5 Patients, Payers, and Service Area

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

1. Complete all questions as requested.

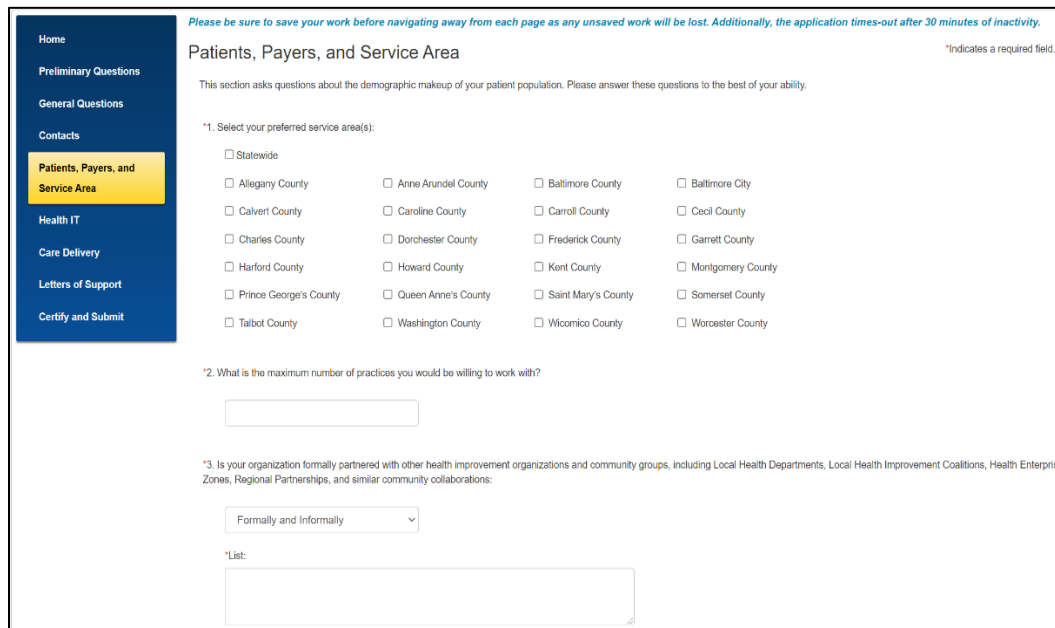


Figure 38: Patients, Payers, and Service Area Page

2. Select the checkboxes for each county in Maryland where you will provide services. If all counties are applicable, select the **Statewide** checkbox and all counties will be selected.
3. Enter the maximum number of practices you are willing to work with.
4. For Question 3, select an answer from the dropdown. If you select **Formally/ Informally/ Formally and Informally**, a text box will appear.
 - Enter the other health improvement organizations you are partnered with either formally or informally or both.

5. Select the **Save and Continue** button.
6. The **Health Information Technology** page displays.

4.6 Health Information Technology

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

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

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

Health Information Technology *Indicates a required field.

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

Add Vendor

Vendor Name	Product Name	Version	Action
No vendors to display			

*2. Please indicate your current level of interaction with CRISP (Check all answers that apply)

- We currently educate and support practices on the use of services from the State-Designated Health Information Exchange (CRISP).
- We assist practices in establishing electronic health information exchange with CRISP or a community-based health information exchange network.
- We use CRISP to view data.
- We send administrative encounter data to CRISP on a regular basis.
- We send clinical data (CCDAs or QRDAs) to CRISP on a regular basis.

Save **Save and Continue** **Cancel**

Figure 39: Health Information Technology Page

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

Add New Health IT ✕

* Vendor Name

* Product Name

* Version

Save **Cancel**

Figure 40: Add New Health IT Window

5. The information displays in the table.

a. Select **Edit** to edit the vendor information.

OR

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

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

Health Information Technology *Indicates a required field.

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

[Add Vendor](#)

Vendor Name	Product Name	Version	Action
test	test	test1	Edit Delete

Figure 41: Health IT Page – Added Vendor Table

6. For Question 2, select all the applicable checkboxes that satisfy the question.

7. Select the **Save and Continue** button. The Care Delivery page displays.

4.7 Care Delivery

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

1. Enter text into the field for Question 1.

2. Select **Add Care Team Member** to add new care team members.

Care Delivery *Indicates a required field.

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

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

Remaining characters: 2000 (total allowed characters: 2000)

Care Teams and Care Management

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

Add Care Team Member

Figure 42: Care Delivery Page

3. The Add New Care Team Member window displays. Select a **Category** from the drop-down menu. If you select **Care Managers Other** or **Other**, please specify the category in the **Other** field.

Add New Care Team Member
✕

* Category

--None--

Care Managers - RNs

Care Managers - Medical Assistants

Care Managers - Other

Licensed Social Workers

Behavioral Health Counselor

Community Health Workers

Practice Transformation Consultants

Pharmacists

Nutritionist

Psychiatrist

Psychologist

Administrative Support

Health IT Support

Billing/Accounting Support

Data Analysts

Other

Save
Cancel

Figure 43: Care Team Member Categories

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

Figure 44: Add New Care Team Member

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

Figure 45: Add New Care Team Member Window

6. Select the **Save** button.

7. The information displays in the **Care Teams and Care Management** table.

a. Select **Edit** to edit the Care Team Member information.

OR

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

Category	Currently in place (How Many?)	Planned for future (How many?)	Action
Billing/Accounting Support	1	1	Edit Delete

Figure 46: Care Teams and Care Management Table

8. Select an option for Questions 3 and 4.

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

10. Select a response for Question 6.

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

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

Currently in place

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

Not a current or planned activity

Data and Quality Measurement

*5. Does your organization collect, report, and interpret quality metrics (e.g., electronic clinical quality measures (eCQMs)) for practices?

Planned for future

*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?

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

*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.

Not a current or planned activity or service

Figure 47: Care Delivery Page – Data and Quality Measurement

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

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

Planned for future

Utilization and Resources

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

Planned for future

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

Planned for future

Figure 48: Care Delivery Page – Utilization and Resources

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

Behavioral Health and Community Resources

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

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

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

Option 2: Primary Care Behaviorist Program (PC Behaviorist)

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

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

Yes

*Option Number

1

--None--

1

2

Figure 49: Care Delivery Page – Additional Utilization and Resources

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

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


Planned for future

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


Currently in place

Access


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

*a. Tele-diagnosis 


Currently in place

*b. Tele-behavioral health 

Planned for future

*c. Tele-consultation 

Currently in place

*d. Remote Monitoring 

Currently in place

e. Other (specify)

Please specify

--None--

Save Save and Continue Cancel

Figure 50: Care Delivery Page – Access

15. Select **Save and Continue**.
16. **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**.

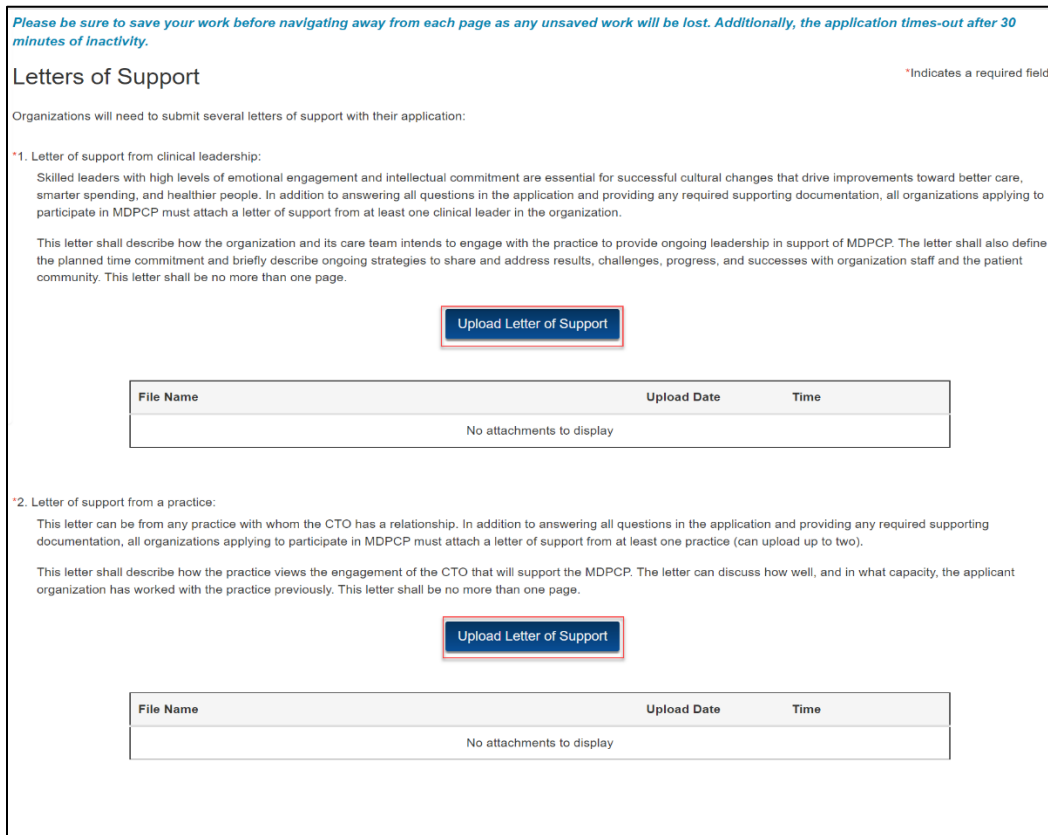


Figure 51: Letters of Support Page

2. The Upload Documents window displays.

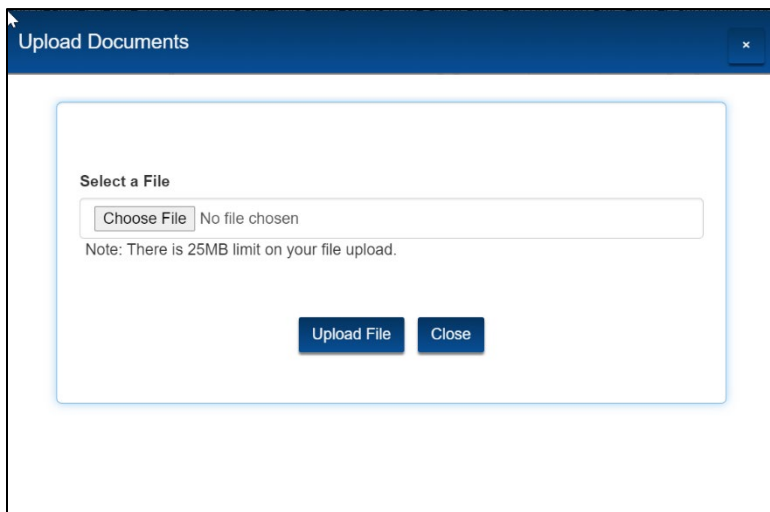


Figure 52: Upload Documents Window

3. Select **Upload File** to navigate to the file in your directory.
4. Select **Upload File** button. A confirmation message displays. You can only upload PDF and MS Word files.

5. Select **X** to exit the window or the **Close** button.

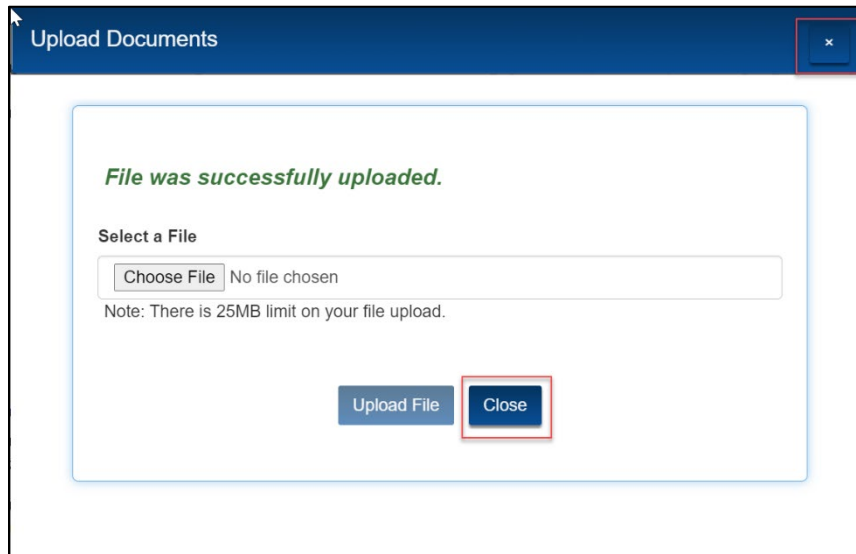


Figure 53: Upload Documents Window – Confirmation Message

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

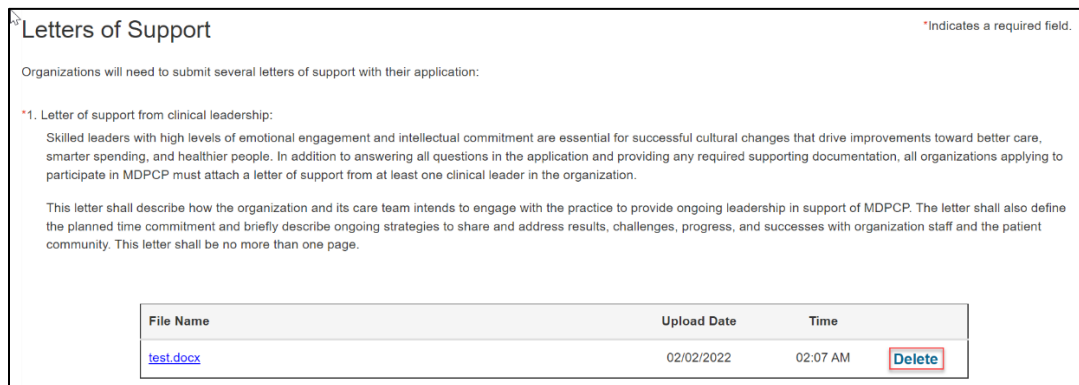


Figure 54: Letter of Support Page

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

4.9 Certify & Submit

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

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

Note: Submit is disabled unless you select all checkboxes.

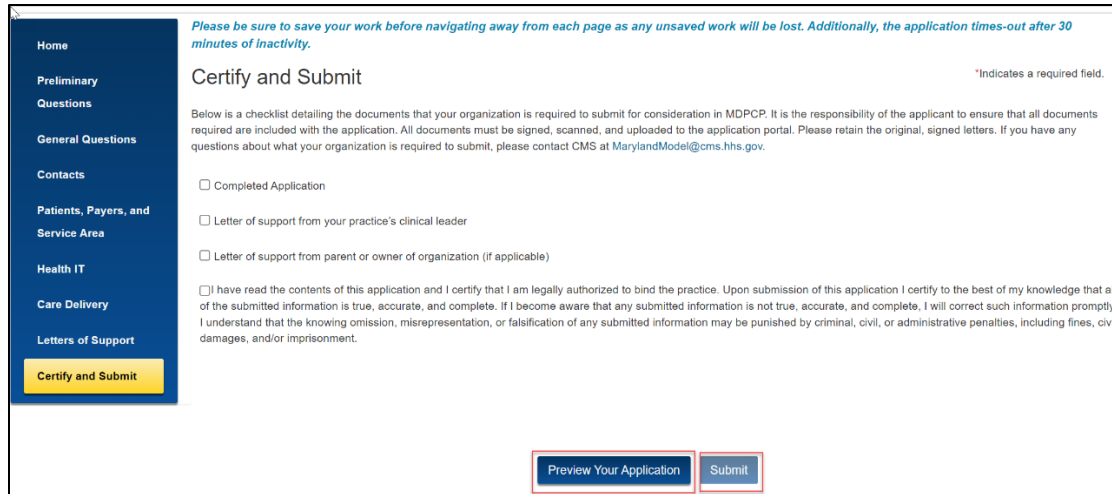


Figure 55: Certify & Submit Page

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

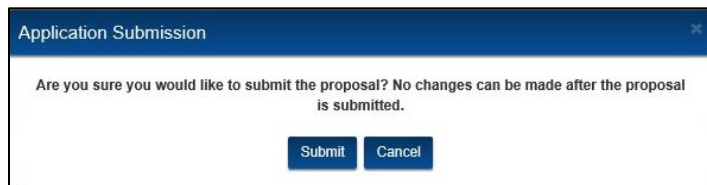


Figure 56: Application Submission Window

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

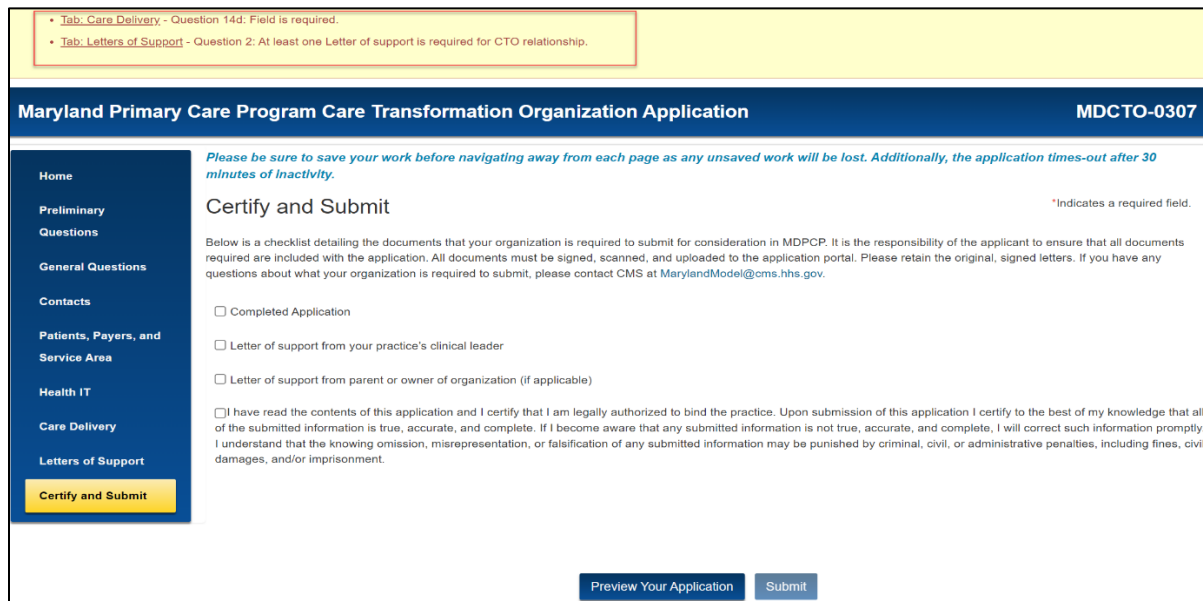
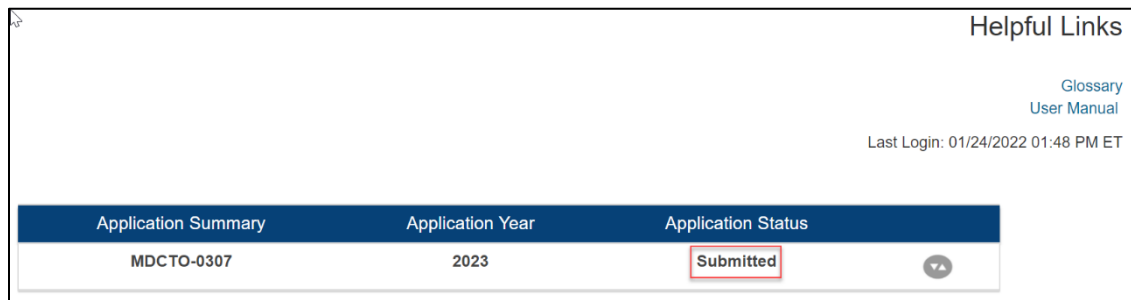


Figure 57: Validation Errors

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



Application Summary	Application Year	Application Status
MDCTO-0307	2023	Submitted

Figure 58: Home Page with Submitted Application

4.10 In Progress Application

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



Application Summary	Application Year	Application Status
MDCTO-0307	2023	In Progress

Figure 59: 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.

The screenshot shows a web interface for an application. At the top right, there are 'Helpful Links' including 'Glossary' and 'User Manual', and a 'Last Login' timestamp of '02/01/2022 11:36 PM ET'. Below this is a table with three columns: 'Application Summary', 'Application Year', and 'Application Status'. The table contains one row with the application ID 'MDCTO-0302', the year '2023', and the status 'In Progress'. To the right of the 'In Progress' status is a dropdown arrow icon. Below the table is a list of links: 'Application PDF' (highlighted with a red box), 'Delete Application' (highlighted with a red box), 'Preliminary Questions', 'General Questions', 'Contacts', 'Patients, Payers, and Service Area', 'Health IT', 'Care Delivery', 'Letters of Support', and 'Certify and Submit'.

Application Summary	Application Year	Application Status
MDCTO-0302	2023	In Progress

- [Application PDF](#)
- [Delete Application](#)
- [Preliminary Questions](#)
- [General Questions](#)
- [Contacts](#)
- [Patients, Payers, and Service Area](#)
- [Health IT](#)
- [Care Delivery](#)
- [Letters of Support](#)
- [Certify and Submit](#)

Figure 60: Application Page Links

5 Troubleshooting & Support

5.1 Error Messages

There are no system error messages in this application.

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

5.2 Special Considerations

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

5.3 Support

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

Table 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	04/15/2017	Adam Stevenson	Initial Draft
0.2	04/17/2019	Sujatha Errapothu	Peer Reviewed the content.
0.3	04/17/2019	Adam Stevenson	Incorporated feedback
0.4	04/18/2019	Sam Peterson	QA review
0.5	04/19/2019	Adam Stevenson	Responded to QA
1.0	04/22/2019	Sam Peterson	QA cleanup and final
1.1	05/05/2020	Aneesh Joshi	ER-3 Updates
1.2	05/07/2020	Theresa McWhorter	Peer Reviewed
1.3	05/07/2020	Sujatha Errapothu	Peer Reviewed
1.4	05/12/2020	Sam Peterson	QA reviewed
1.5	05/13/2020	Aneesh Joshi	Reviewed
1.6	05/13/2020	Sam Peterson	Returned for author queries
1.7	05/14/2020	Aneesh Joshi	Responded to QA
2.0	05/14/2020	Sam Peterson	Finalized
2.1	05/15/2020	Aneesh Joshi	Incorporated minor edits based on model team feed-back
2.2	08/12/2020	Kenechukwu Okeke	Updated section 3 with SSO process, also added additional screen shots
2.3	09/18/2020	Debi Hensley	Peer Reviewed Section 3
2.4	02/02/2022	Bhumika Gohil	Updated as SF-CR-1372 and SF-CR-1392
2.5	03/02/2022	Kimberly Simmons	QA reviewed; initial review
3.0	03/03/2022	Lindsey Halsell	QA review, final
3.1	03/15/2023	Jeevitha Reddy Agaram	Updated as SF-CR-1453
3.2	03/22/2023	Arabia Gilliam	QA, initial
4.0	03/22/2023	Arabia Gilliam	QA, final

Appendix B: Acronyms

Table 8: Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
CCN	CMS Certification Number
CIN	Clinically Integrated Networks
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CTO	Care Transformation Organization
EIN	Employer Identification Number
FAQ	Frequently Asked Question
HHS	Department of Health and Human Services
IE	Internet Explorer
IDM	Identity Management
MFA	Multi-Factor Authentication
MDPCP	Maryland Primary Care Program
NPI	National Provider Identifier
RIDP	Remote Identity Proofing
RFA	Request for Application
SSN	Social Security Number
TIN	Tax Identification Number

Appendix C: Glossary

Table 9: Glossary

Term	Acronym	Definition
N/A		

Appendix D: Referenced Documents

Table 10: Referenced Documents

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

Appendix E: Approvals

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

Table 11: Approvals

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