*Instructions: Please fill out the attached letter of commitment and place it on your practice letterhead. Send a signed version to* *MDPCP@crisphealth.org* *for execution. CRISP will send a final copy back within 3 business days.*

Click or tap here to enter the date.

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

To Whom It May Concern:

We the undersigned, representing Click or tap here to enter your practice name. and the Chesapeake Regional Information System for our Patients (CRISP), confirm that the practice is a current participant in CRISP’s health information exchange services, or commits to executing a CRISP participation agreement prior to the start of the Maryland Primary Care Program (MDPCP).

The practice agrees to work with CRISP to optimize its use of CRISP services for advanced primary care to support its success in the program. These services include Encounter Notification Service, Care Alerts, and MDPCP Claims Reports. The practice also agrees to use CRISP’s quality reporting solution to submit electronic clinical quality measures as required to remain in good standing in the program.

Sincerely,

Click or tap here to enter name. Sheena Patel, MD CPME

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter date. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter title. Senior Director, CRISP Maryland

Click or tap here to enter Practice. CRISP

Click or tap here to enter Address1. 7160 Columbia Gateway Drive

 Click or tap here to enter Address2. Columbia, MD 21046

Click or tap here to enter Address2.