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



Maryland Primary Care Program (MDPCP) Application Release 2.0

Practice User Manual

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1. Introduction

The state of Maryland received a five-year performance period approval from the Centers for Medicare & Medicaid Services (CMS) in 2014 for new hospital payment model waiver based on global hospital budgets and quality targets, the All-Payer Model (APM).

To date, in Phase I of the APM, Maryland has been successful in achieving reduced hospital costs, reduced hospital-acquired conditions, and reduced readmissions. While hospital costs have been decreasing in Maryland, future total healthcare cost savings will need to be realized by aligning and integrating both the hospital and non-hospital providers in a coordinated system of care. The interplay between the need for decreases in preventable hospital use and non-hospital use trends is important to understand and manage, particularly as Maryland moves to the second term of the APM, slated to begin in January 2019.

The Maryland Total Cost of Care (TCOC) Model includes three programs: Hospital Payment Program, Care Redesign Program (CRP), and the Maryland Primary Care Program (MDPCP). This User Manual applies to MDPCP. MDPCP is built upon the foundations of CMS' Comprehensive Primary Care Plus (CPC+) Model, which was designed to support practices along the continuum of transformation to deliver better care to patients and promote smarter spending. MDPCP is both a care delivery and payment redesign model. Similar to CPC+, there will be two tracks for practices to choose that involve different care delivery requirements and payment options. As in CPC+, Maryland will allow practices to apply for one of two program tracks, with increasing payment and care redesign expectations as providers move from Track 1 to Track 2. However, in MDPCP, practices will have an opportunity to partner with a Care Transformation Organization (CTO) to fulfill program goals. Practices are not required to have a CTO.

1.1 MDPCP Overview

MDPCP serves as an Internet-facing web application, which is accessed through the CMS Enterprise Portal (ePortal) Landing Page and the Innovation Center (IC) Application. The application will be accessed via the widget called "Maryland Primary Care Program- MDPCP". MDPCP provides participating practices and CTOs with tools to assist with providing information pertaining to their demographic, composition, practice and organization information; their reporting of practice and quality milestones; and to provide a platform where participating practices and CTOs can download reports essential to their success in this initiative. The Center for Medicare & Medicaid Innovation (CMMI) and contractors supporting the initiative will use MDPCP to monitor the progress and compliance of participating practices and CTOs.

1.2 MDPCP Application Business Functions Overview

CMMI and its contractors distribute implementation guides and educational materials to MDPCP stakeholders about the requirements and timeline with which MDPCP practices must report data to CMS via the MDPCP Application. Any changes to the data maintained in the MDPCP Application is managed through a change control process.

Availability of information in the MDPCP Application is dependent on a user's role-based access permissions.

1.3 Intended Audience

The intended audience for this User Manual is the Practice User. The Practice User will use this User Manual as reference for accessing information and maintaining practice details within the MDPCP Application. The User Manual serves as a reference to the steps needed to execute functionality.

2. Overview

The MDPCP Application allows for the exchange of data and information between MDPCP stakeholders. The main features of this application are updating practice information and providing access to resources and information relevant to MDPCP stakeholders.

2.1 Conventions

This document provides screen-shots and corresponding narrative to describe how to use the MDPCP Application.

2.2 Cautions & Warnings

When signing in to the application, a warning screen will display with the **Terms & Conditions** for use of the CMS.gov ePortal, content, and applications. The message should be read thoroughly as it explains the penalties and consequences of misusing the system(s) and its contents. The screens that display in the system may differ slightly from the sample images used in this document.

3. Getting Started

3.1 Set-up Considerations

3.1.1 General Set-up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 800 x 600. The minimum system requirements to access the CMS ePortal effectively are:

Windows

- 1.4GHz Intel® Pentium® 4 or faster processor (or equivalent) for Microsoft® Windows® XP, Windows 7, or Windows 8; 2GHz Pentium 4 or faster processor (or equivalent) for Windows Vista®
- Windows 8 (32-bit/64-bit), Windows 7 (32-bit/64-bit), Windows Vista, Windows XP
- 512MB of RAM (1GB recommended) for Windows XP, Windows 7, or Windows 8; 1GB of RAM (2GB recommended) for Windows Vista
- Microsoft Internet Explorer (IE) 11, Mozilla Firefox, Google Chrome
- JavaScript and cookies must be enabled

Mac Operating System (OS)

- 1.83GHz Intel Core[™] Duo or faster processor
- 512MB of RAM (1GB recommended)
- Mac OS X 10.7.4, 10.8
- Mozilla Firefox; Google Chrome
- JavaScript and cookies must be enabled

Linux

- Ubuntu 11.04, 12.04; Red Hat Enterprise Linux 6; openSuSE 11.3
- Mozilla Firefox
- JavaScript and cookies must be enabled

3.1.2 Section 508 Compliance/Accessibility

CMS.gov is committed to making its electronic and information technologies (EIT) accessible to people with disabilities. We strive to meet or exceed the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended in 2017 (82 FR 5790).

If any content or use of any features on this website cannot be accessed due to a disability, please contact our Section 508 Team via email at <u>508Feedback@cms.hhs.gov</u>.

For more information on CMS.gov accessibility and compliance with Section 508, please go to: <u>https://www.cms.gov/About-CMS/Agency-</u> Information/Aboutwebsite/Policiesforaccessibility.html.

3.2 User Access Considerations

MDPCP stakeholders can access the MDPCP Application through the CMS ePortal. Authorized users have access to modules and functionality based on their assigned role. Security for the MDPCP Application will adhere to the CMS Information Services (IS) Acceptable Risk Safeguard (ARS) guidelines and the system will comply with the CMS Minimum Security Requirements (CMSR). Security enforcement spans across tiers leveraging CMS infrastructure, which provides network-layer security systems such as firewalls, intrusion detections systems, and link encryptions. The CMS infrastructure security will be maintained for the data throughout the loading process into the MDPCP Application. The CMS mainframe and throughout the loading process into the MDPCP Application. The CMS mainframe system access is limited to Individuals Authorized for Access to CMS Computer Systems (IACS).

3.3 Accessing the System

The following sub sections provide detailed, step-by-step instructions on how to gain access to the MDPCP Application.

3.3.1 New Enterprise Identity Management (EIDM) User Registration

This section provides information on how to register and create a user ID and password through the EIDM process. The following are the step-by-step instructions.

Note: The EIDM user registration process takes approximately 10 minutes.

- 1. Navigate to https://portal.cms.gov/.
- 2. On the ePortal Landing Page, select the New User Registration button.

CMS.gov Enterprise Portal		🖿 Applications 🛛 Help 🚯 About 🔤 E-Mail Alerts
		AVY
	CMS.gov Enterprise Portal	
1	UseriD	
	Password	
	Agree to our Terms & Conditions	
	Login	P.
A THE	Forgot your User ID or your Password?	
	New User Registration	-
Kitak-E-		

Figure 1: ePortal Landing Page

3. On the Step #1: Choose Your Application page, select IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC) from the Choose Your Application drop-down list.

Applications	Help	About	M E-Mail Alerts
Ŷ			
	# Applications →		t Applications • ● Help • ● About

Figure 2: Choose Your Application

4. Read the **Terms & Conditions**, select the **I agree to the terms and conditions** checkbox, and select the **Next** button to continue with the registration process.

CMS.gov Enterprise Portal		T Applications	O Help	About	🔀 E-Mail Alerts
	Step #1: Choose Your Application Step 1 of 3- Select your application from the dropdown. You will then need to agree to the terms. IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC)	×			
	Terms & Conditions OMB No. 0938-1236 Expiration Date: 04/30/2017 OMB No.0938-1236 Expiration Date: 04/30/2017 (OMB Re-Certification Pending) Paperwork Reduction Act Consent to Monitoring By logging onto this website, you consent to be monitored. Unsuthorized attempts to upload information and/or change information on this web-pendidided and are cubied to preservation under the Computer End and Abure Act of 1088 and Table 38.11.5 C - Sec. 1001 and 1030. Min percent	site are strictly	· · · · · · · · · · · · · · · · · · ·		
	I agree to the terms and conditions Next Ca	ncel			

Figure 3: Agreeing to Terms and Conditions

5. Provide the information requested on the **Step #2: Register Your Information** page. All fields are required and must be completed unless marked "Optional". After all required information has been provided, select the **Next** button to continue.

Note: You may select the **Cancel** button at any time to exit the registration process. Changes entered will not be saved. To go to the previous step, select the **Back** button.

Note: Social Security Number (SSN) is optional on the **Step #2: Register Your Information** page. However, your SSN is required on the **Your Information** page (see Section 3.3.2) to gain approval for an IC Privileged (PV) role and access to the MDPCP Application.

CMS.gov Enterprise Portal							Applications	Help	About	E-Mail Alerts
	Step #2: Register Step 2 of 3 - Please enter your perso All fields are required unless ma	Your Info nal and contact inform rked 'Optional'.	rmation	1						
	Enter First Name	Enter Middle No	ime (optional)	Enter Last Name		Suffix (option	al)			
	Enter Social Security Number (c	optional) Birth	h Month	Birth Date	Birth Yea	e				
	Is Your Address US Based? ^{Yes} ^{No}									
	Enter Home Address #1			Enter Home Addres	ss #2 (optionai)				
	Enter City	State		Enter Zip Code		Enter Zip+4	optional)			
	Enter E-mail Address		Confirm	n E-mail Address						
	Enter Phone Number									
	Back	lext Cance	əl							

Figure 4: Register Your Information

- 6. On the Step #3: Create User ID, Password & Challenge Questions page, create and enter a user ID in the User ID field based on the requirements for creating a user ID
- 7. Create and enter a password in the **Password** field based on the requirements for creating a password. Enter the same password in the **Confirm Password** field.

Note: Instructions are displayed, in the form of a tool tip, on what you are required to include in your password.

8. After entering the user ID and password, select a question in the **Select Challenge Question #1** drop-down list and enter the answer you want to be saved with the question. Continue to select a question and enter an answer for **Question #2** and **Question #3**. Select the **Next** button to complete the registration process.

CMS.gov Enterprise Portal				Applications	Help	About	E-Mail Alerts
1	Step #3: Creat	e User ID, Password er ID and Password, Select Challenge qu	rd & Challenge Questions estions and provide answers.				
assword Requirements	User ID User_ID						
our Password must be changed at least every 60 ays. Be a minimum of 6 and a maximum of 20 naracters. Password can be changed once every 4 hours, Contain at least 1 teler. 1 number and 1 pecial character. Condain at least 1 upper case of 1 hours around ther. Be different form encours	Password	Confirm Password					
So is one case which to contain your User [D. Not intain commonly used words. The following ecial characters may not be used $7 \Leftrightarrow ()^{**} \cap 4$.	What is your favorite radio	station?	Challenge Question #1 Answer station				
	What is the name of your f	avorite pet?	Challenge Question #2 Answer				
	What is the name of your f	avorite childhood friend?	Challenge Question #3 Answer friend				
	Back	Next Cancel					

Figure 5: Create User ID, Password & Challenge Questions

9. On the **Registration Summary** page, review the information you entered, make any necessary changes, and then select the **Submit User** button.

Registration Summary Please review your information and make any necessary changes befor IC: Center for Medicare and Medicaid Innovation (CMMI) Innov	re submitting.	
Registration Summary Please review your information and make any necessary changes befor IC: Center for Medicare and Medicaid Innovation (CMMI) Innov	ire submitting.	
Registration Summary Please review your information and make any necessary changes befor IC: Center for Medicare and Medicald Innovation (CMMI) Innov	re submitting.	
Please review your information and make any necessary changes before IC: Center for Medicare and Medicaid Innovation (GMMI) Innov	re submitting.	
IC: Center for Medicare and Medicaid Innovation (CMMI) Innov		
	ration Center (IC)	
All fields are required unless marked 'Optional'.		
First Name	Last Name	
First Name Enter Middle Name (option	al) Last Name	Suffix (optional)
Enter Social Security Number (optional) January	Birth Date Birth	Year
Home Address #1		
123 Main St	Enter Home Address #2 (option	lar)
City State Baltimore Marvland	Zip Code 21212	Enter Zip+4 (optional)
E-mail Address abc@mail.com ab	Confirm E-mail Address	
1200 N307587		
Phone Number 123-123-1234		
line D		
User_ID		
Password Confirm Password		
What is your favorite radio station?	Challenge Question #1 Answer	
	Challenge Question #2 Answer	
What is the name of your favorite pet?	own	
	Challenge Question #3 Answer	
What is the name of your favorite childhood friend?	friend	



10. The **Confirmation** page is displayed acknowledging your successful registration and informing you that you should receive an email with your user ID.

CMS.gov Enterprise Portal		Applications	Help	About	E-Mail Alerts
	Confirmation	×			

Figure 7: New User Registration Confirmation

3.3.2 Requesting IC Access

In order to request access to the IC Application and the associated roles, users must have active EIDM credentials to login to <u>https://portal.cms.gov/.</u>

Note: Gaining access to the IC takes approximately 15 minutes if the user successfully completes the Remote Identity Proofing (RIDP) process online. If the user fails to answer the questions in the RIDP process correctly, they will be directed to an external resource for troubleshooting. The timeframe for resolution can be between 24 to 72 hours.

- 1. Access https://portal.cms.gov/.
- 2. In the User ID text field, enter the EIDM user ID created in the Step #3: Create User ID, Password & Challenge Questions page (refer to section 3.3.1).
- 3. In the **Password** text field, enter the EIDM password created in the **Step #3:** Create User ID, Password & Challenge Questions page (refer to section 3.3.1).
- 4. Read the important **Terms and Conditions** information and indicate your agreement by selecting the checkbox. Ensure the checkbox next to Agree to our Terms & Conditions remains checked.

CMS.gov Enterprise Portal	Applications	🛛 Help	About	🐱 E-Mail Alerts
				1
	1.1			
CMS.gov Enterprise Portal				1
MDPCP_USER_ID				1
✓ Agree to our <u>Terms & Conditions</u>				1
Login				
Forgot your User ID or your Password?				-
A Section New User Registration				

5. Select the **Login** button.

- Figure 8: ePortal Home Login
- 6. On the My Portal page, select the Request/Add Apps hyperlink.

CMS.gov My Enterprise Portal		\rm O CPC Practice 👻	Help	🕞 Log Out
	My Portal			
	ise the below link to request access to CMS Systems/Applications.			
	Request/Add Apps			

Figure 9: My Portal – Request/Add Apps

- 7. On the Access Catalog page, in the Search box enter IC and the IC widget will display.
- 8. Select the **Request Access** button.

Access Catalog	REQUEST ADMIN ROLE SHOW ALL	My Access
IC Innovation Center web application provides a single point of entry to More		You currently do not have access to any applications. Please use the access catalog to request access to the applications.
Help Desk Information More		
Request Access		
		My Pending Requests
		You do not have any pending requests at this time.

Figure 10: Access Catalog

- 9. The **Request New System Access** page is displayed with the **System Description** drop-down pre-populated with IC Innovation Center.
- 10. From the Role drop-down list, select the Innovation Center Privileged User role.
- 11. Select the **Submit** button to initiate the RIDP process.

By default, all EIDM accounts are created with a Level of Assurance (LOA) ranking of 1. In order to obtain access to roles within the IC that require a higher level of security, users must complete the RIDP process as described in this section. The IC Approvers and IC PV users will go through the RIDP process.

My Access Request New System Access	Request New System Access Select a System and them a role to request access.
View.and Manage My Access Annual Certification	Depending on your Level of Assurance (LOA) and the role that you request access to to satisfy system security requirements you may need to complete laterality. <u>Verfication</u> , establish credentalis for <u>Authorization (MFA)</u> or change your password the next time you login to the system. This may require you to provide additional information as part of the role inequest process. If applicable, please note that you request cannot be fulfilled until Identity. <u>Verfication</u> , establish credentalis for <u>Authorization (MFA)</u> or change your password the next time you login to the fulfilled until Identity. <u>Verfication</u> , establish credentalis for <u>Authorization (MFA)</u> is established.
	Court Salard



12. On the Identify Verification page, select the Next button.

CMS .gov Enterprise	Portal
My Portal	
CMS Portal > EIDM User	Menu > My Access
Screen reader mode Off Acce	ssibility Settings
My Access	Identity Verification
Request New System Access <u>View and Manage My</u> Access	To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in indice.

Figure 12: Identity Verification

- 13. Read the Terms and Conditions.
- 14. Select the I agree to the terms and conditions checkbox.
- 15. Select the **Next** button.

My Access	Terms and Conditions
Request New System Access	OMB No. 0938-1236 Expiration Date: 04/30/2017 Paperwork Reduction Act
View and Manage My Access	Protecting Your Privacy
	Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the Origonal Privacy Act Statement, which describes how we use the information you provide.
	Personal information is described as data that is unique to an individual, such as a name, address, telephone number, social security number, and date of birth (DX CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experima, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your ans to the challenge questions and other PII to later identify you in case you forget or misplace your User (D /Password).
	HHS Rules Of Behavior
	We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users, inc Federal employees, contractors, and other system users.
	I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employ removal or debarment from work on Federal contracts or projects: and/or revocation of access to Federal information, information systems, and/or facilities; and must also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.
	Identity Verification
	I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.
	I agree to the terms and conditions

Figure 13: Terms and Conditions

16. On the Your Information page, complete the required fields and select the Next button.

Note: Required fields are marked with an asterisk.

Note: Entering your SSN is optional on the **Step #2: Register Your Information** page, however, your SSN is required on the **Your Information** page (see Section 3.3.2) to gain approval for an IC PV User role and access to the MDPCP Application.

2293	New Information Total Total Total			
. System	Your Information			
mage My	Enter your legal first name and last name, as it may be required for Edentity Varification. Models Rame			
estuatos	Forthere Forthere			
	Lastana Buto			
	forei your E-mail address, as it will be used for account valued communications.			
	- E-mail Address			
	Freihane Lastiane@enal.com			
	far writer your thread address.			
	Contine E-mail Address			
	Freihane Lastiane@enal.com			
	Enter par fait 9 sign secol secol case to an enter territor territor territor territor. Mention			
	Exclar Security Number Free part Neuron Number Number			
	Enter your sales of kints in MADDAVYYY howark as it may be required for steering Verification.			
	- Date of Barle, [51 (21 (1999)			
	. U.S. Horn Address _ Funge address			
	Enter your current or most recent home wildness, as it may be required for Liberitity Verifusition.			
	Plane Address Life 1. 1873 New Total			
	Trans Address Line 1 1078 New Drive			
	Home Advance Line 1. INTERNATIONAL Home Advance Line 2. Vice			
	Topic Allines Unit 1 INT New One None Allines Unit 2 New Allines Unit 2 New One Topic Allines Topic Internet			
	Type Admit Let 1 1011 No Col Type Admit Let 2 VA Col Col Unit Col Unit Col Unit Col Col </td <td>54 ·</td>	54 ·		
	Trans Alteres (Jun 1 1817 Nov Dive Nove Alteres (Jun 2 Cop	54 ·		
	ringer and allow (Le 1) 1917 Nac Units Tops Address (Jul 2) UK Copy	54 ···		
	In your Addema Line 1. 1931 The Color Tages Address Line 2. 1947 Color Tages Address Line 2. 194	м.		



17. On the **Verify Identity** page, enter the required information needed for the RIDP check. This page consists of several questions pertaining to your personal information, which requires you to provide the correct response. 18. Select the Next button.

ly Access	Your Information Verify Your Identity
equest New System ccess ew and Manage My ccess	Verify Identity You may have opened an auto loan in or around December 2013. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF TI ABOVE/DOES NOT APPLY'. Ororora works creater Other and works creater Other and works creater Other and works creater
	Me Fail EVCS More That BROYESDES NOT APPLY Please select the BROYESDES 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; Sa Sa
	se 6 6 Nowe of the Aboveroce's not apply You may have opened a (WFFNATBANK) credit card. Please select the year in which your account was opened. Ozore
	2010 2012 2014 O Nome of the Allowing Settletions do you have a back account with? If there is not a matched have some places select WOME OF THE ADOVE! Which definitions institutions do you have a back account with? If there is not a matched have some places select WOME OF THE ADOVE!
	Initial of the normality instruction to 0 you have a durin account which it there is not a matched durin name, preaded sender from E. OF THE ABOTE. One of the sender of the se
	Nowe or the associates for APPLY Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE', Official include academic and the associate of the associate of the associate of the associate of the associated of
	KONTH AMERICAN COMMUNICATION OUTS SEARS

Figure 15: Verify Identity

- 19. On the **Complete Step Up** page, the system will prompt you with a success message, however, if you do not provide the correct responses to the RIDP check, you will be instructed to contact the MDPCP Support Team and/or external entities.
- 20. Select the Next button.

CM	CMS Portal > EIDM User Menu > My Access			
Scree	Screen reader mode Off Accessibility Settings			
	My Access	Complete Step Up		
	Request New System Access View and Manage My Access	You have successfully completed the Remote Identity Proofing process.		
		Next		

Figure 16: Complete Step Up

21. On the Multi-Factor Authentication Information page, select the Next button.

My Access	Multi-Factor Authentication Information
Request New System Access View and Manage My Access	To protect your privacy, you will need to add an additional level of security to your account. This will entail successfully registering your Phone, Computer or E-mail, before continuing the role request process. To continue this process, please select 'Next'.
	Cancel Next

Figure 17: Multi-Factor Authentication (MFA) Information Confirmation

22. On the **Register Your Phone, Computer, or E-mail** page, register your phone, computer, or email for the MFA information. Symantec software (<u>https://vip.symantec.com/</u>) must be downloaded first.

Note: You will likely have to return to this screen after downloading the software.

23. Enter the credential ID and description once the software is downloaded and launched. 24. Select the **Next** button.

Screen reader mode Off Accessibility Settings My Accesss Rejused New System Access Wasses Rejused New System Access Maximum Sete one of the options below to make your account more secure. My access The options below to make your account more secure. My constrained on the options below to make your account more secure. The option number of the option will communicate your security code directly to your mobile device via text message. This option requires you to provide a phone number for a mobile device will be cardinate. Text Message Short Message Short Message Short Messages. Cardinate your security code directly to your mobile device via text message. This option requires you to provide a phone number for a mobile device will be cardinate. Text Message Short Message Short Message Short Messages. Cardinate your security code through a voice message that will be sent directly to your phone. This option requires a policiation your must device the text messages. Cardinate your security code through a voice message that will be perivided with a security code. To access the provided were application, your once there phone address on your profile will be used when registering for Multi-Factor Authentication (MFA) using E-mail address on the profile. Must no try again. Exect the credential type that you want to use to login to secure applications from the dropdown menu below. - Credential ID VSSTE42872929 - Credential ID VSSTE42872929 - Credential ID

Figure 18: Register Your Phone, Computer, or E-mail

- 25. You will be prompted with a success message on the **Register Your Phone, Computer,** or **E-mail** page.
- 26. Select the **OK** button.

MS Portal > EIDM use	r menu page > My Access	
My Access	Register Your Phone, Computer, or E-mail	
Request New System Access	You have successfully registered your Phone/Computer/E-mail to your user profile	
View and Manage My Access	CK CK	

Figure 19: Register Your Phone, Computer, or E-mail Confirmation

27. On the Successful Completion! page, select the OK button



Figure 20: Successful Completion

When the user requests an IC PV User role, the request will be automatically approved and will not require any manual approval.

You will need to log out and then login to access the IC Application. When the user returns to https://portal.cms.gov, **Innovation Center** will display as one of the widget options. For details on how to request access to and launch the selected CMMI applications, refer to section 3.3.3.



Figure 21: My Portal – Innovation Center

3.3.3 Requesting Access to the MDPCP Application

This section describes the functionality available once you have successfully created an EIDM account and received an IC PV role. The IC will be accessible via the mega menu option. In order to launch the MDPCP Application, you must first request access from the **CMMI Request Access** page.

Note: The time to obtain access to the MDPCP Application takes a minimum of 24 hours, which includes verification of the request.

1. On the **My Portal** page, select **Application Console** from the **Innovation Center** dropdown list.

<u>60</u>	ět-	
innovation Center	Request/Add Apps	
Innovation Center		

Figure 22: Innovation Center Menu

2. Navigate to the CMMI Request Access page.

Note: The CMMI Request Access section consists of the following:

- Request New Access button
- Search input field and button
- Filter tabs that allow you to see the status of applications that have had requests submitted and are Pending, Approved, Rejected, or All
- Refresh button to display newly entered information or clear the fields
- Preference setting icon () to control email notifications

CMMI Request Access	
+ Request New Access	Enter Search Criteria Q Search CRefresh
There are 3 requests in the all status out of 3 total. All Pending Approved Rejected	



- 3. Select the **Request New Access** button. Upon selecting **Request New Access**, you will be prompted to complete a form requesting the application name, desired user role, and comments about your request.
- 4. In the Application Name drop-down, select Maryland Primary Care Program MDPCP from the drop-down list.
- 5. In the **Role** drop-down, select the **MDPCP_PRACTICE_USER** role from the drop-down list.
- 6. In the Justification text field, enter "Requesting access as a MDPCP Practice user".
- 7. Select the **Submit Request** button to complete your request once all of the required fields are completed.

Please note: * ind	icates a required field.		
Application Name *	Maryland Primary Care Program-MDPCP		
Role *	M0PCP_PRACTICE_USER		
Justification *	Requesting access as a MDPCP Practice User		
	458 Character(s) remaining.		
		🗙 Cancel 🛛 🛃 Submit Request	

Figure 24: CMMI Request Access – Submit Request

Note: If the requested application and role have already been created, the system will notify the requestor with an error message at the top of the page.

Please note: * indicates a mandatory field	
Request for access was rejected as a request with these values already exists. *Application Name:	
Testing Custom Attributes	•
*User Role:	
TCA User	

Figure 25: Application and Role Selection with Error Message – Request Access

8. Once the MDPCP Application request has been submitted, you will return to the **CMMI Request Access** page, where you will see the Pending application request.

CMMI Request Access					
Request New Access. There are 3 requests in the all status out of 3 total.		\$	Enter Search Criteria	Q Search C Refresh	
All Pending Approved Rejected					
Request ID: 21165 Application Name: Maryland Primary Care Program- MDPCP Role Requested: MDPCP_PRACTICE_USER Status: PENDING	Attributes: Request Date: Jun 14, 2018 11:48:12 AM Requestor's Justification: Requesting for MDPCP_PRACTICE_USER				

Figure 26: Pending Request – CMMI Request Access

9. You will receive an email notification indicating that your request has been submitted. You will also receive an email notification when the request has been approved or rejected.

3.3.4 Accessing the MDPCP Application

This section describes the process to login to the MDPCP Application.

In order to access the MDPCP Application, you must use your created credentials (see sections 3.3.1 to 3.3.3).

- 1. Access <u>https://portal.cms.gov/.</u>
- 2. In the User ID field, enter the EIDM user ID.
- 3. In the **Password** field, enter the EIDM password.
- 4. Select the **MFA Device Type** from the drop-down list.
- 5. Enter a **Security Code**.
- 6. Read the important Terms and Conditions information and indicate your agreement by selecting the checkbox. Ensure the checkbox next to **Agree to our Terms & Conditions** remains checked.
- 7. Select the Login button.



Figure 27: Portal Home – Login

8. The system will navigate to the **My Portal** Home page where **Innovation Center** will be one of your menu items.

My Portal		
	Request/Add Apps	
Innovation Center		
Application Console		



- 9. Select Application Console from the Innovation Center drop-down list.
- 10. In the CMMI Application Selector portlet, select the Maryland Primary Care MDPCP widget.



Figure 29: Launching MDPCP App

3.4 System Organization & Navigation

This section provides detailed information on how to navigate within the MDPCP Application and use common features.

3.4.1 Main Menu

This sub section describes the main navigation features available in the MDPCP Application.



Figure 30: MDPCP Main Menu

Table 1: MDPCP Main Menu Features

Feature Name	Description
Top Navigation Bar/Secondary Navigation Bar	Allows you to access one of the following modules with the associated sub-modules (tabs and sub-tabs): • Home (default) • Practice Home • My Practice Info • Demographic Information • Practice Information • Composition • Composition • Request History • Documents • Practice Reporting • Overview • Function 1 • Function 2 • Function 3 • Function 3 • Function 5 • General • CTO Reporting • Payment & Attribution • Resources • MDPCP Resources
Left-Hand Navigation Menu	Allows you to access the pages within the selected sub-modules (sub-tabs).
Yr/Qtr Drop-down	Allows you to select the applicable Program Year (PY) and Quarter (Qtr).
Track Drop-down	Allows you to select Track 1 or Track 2.
Change Display Button	Allows you to change the display based on the selected Yr/Qtr and Track drop-down values.
Breadcrumb Hyperlink	Shows your current location within the application and provides links to the previously accessed pages.

Feature Name	Description
Practice Drop-down	Allows you to select a Practice ID.
Switch Practice Button	Allows you to change the display based on the selected practice drop-down value.
Print/ Print All Icon	Allows you to print saved content for related pages in Portable Document Format (PDF).
Help Icon	Displays detailed information relevant to the current page in a separate window.

3.4.2 Page Navigation

This sub section describes the page navigation features available in the MDPCP Application. Table 2: MDPCP Page Navigation Features

Feature Name	Description
Update Information Hyperlink	Allows you to edit information on a page.
	practices submit their reporting data, only during the open submission period.
Show More Hyperlink	Expands a collapsed section(s).
Hide Hyperlink	Collapses an expanded section(s).
First Hyperlink	Navigates to the first page of a table.
Previous Hyperlink	Navigates to the previous page of a table.
Next Hyperlink	Navigates to the next page of a table.
Last Hyperlink	Navigates to the last page of a table.
Add Remark Hyperlink	Allows you to add a remark.
Show Entries Drop-down	Allows you to select the number of entries shown in the table.
Search Text Field	Allows you to enter desired search criteria.
Confirmation Checkbox	Allows you to certify the accuracy of the information you provided.
Table Sort Icon	Sorts table information in ascending or descending order for a specific column.
Download Icon	Allows you to download the corresponding file.
Search Button	Allows you to search the content within a table.
Add Button	Navigates you from a main page to a child page.
Withdraw Button	Navigates you from main page to a child page.
Export Button	Exports table content in Excel format.
TIN Change Button	Navigates you from main page in the Practice Information subtab to a child page.
Save Button	Allows you to save newly added information to the content of a page.
Clear Button	Clears information entered in editable fields, the file selected for upload, or remarks.

Feature Name	Description
Cancel Button	Allows you to cancel the request to update existing information in the application.
Back Button	Navigates to the previous page.
Choose File Button	Allows you to choose a file to upload in the application.
Delete button	Allows you to delete from a table.
Submit button	Allows you to submit a form.
Previous Button	Saves entered information and navigates to the previous page.
Next Button	Saves entered information and navigates to the next page.

3.4.3 File Upload

This sub section describes how to use the **File Upload** feature available in the MDPCP Application.

- 1. Select the **Choose File** button.
- 2. Browse for the desired file(s).
- 3. Select the file(s).
- 4. Verify the selected file name is displayed under **Choose File**.
- 5. Select the **Save** button.

Note: Maximum file size is 19 MB, 20 files per upload, and the allowed file types are Excel, PDF, Zip, and Word.

3.4.4 Add a Remark to a Request

This sub section describes how to add a remark to the Request Notes section in a request in the MDPCP Application.

- 1. Select the **Add Remark** hyperlink.
- 2. Enter text in the text area.
- 3. Select the **Save** button.

3.4.5 Messages

This sub section describes the system-generated messages in the MDPCP Application.

3.4.5.1 Confirmation Message

A message displays confirming the action taken was successful.

Confirmation Your changes have been saved.

Figure 31: Confirmation Message

3.4.5.2 Warning Message

A message displays informing you of an action you may need to take.

A Warning There are currently no active Practitioners in the Practitioner Roster

Figure 32: Warning Message

3.4.5.3 Error Message

A message displays informing you of the error(s) encountered and what action(s) to be taken to save the page.

This is a required field.

Figure 33: Error Message

3.5 Exiting the System

If you want to log out of the portal, select the **Log Out** hyperlink in the upper right portion of the page.

4. Using the System

The following sub sections provide detailed, step-by-step instructions on how to use the various functions or features of the MDPCP Application.

4.1 Home

The **Home** tab provides access to the **Practice Home** subtab. The Practice Home subtab provides access to the **Maryland Primary Care Program (MDPCP) Practice Home** page for a practice. This page is described in the following section.

4.1.1 Maryland Primary Care Program (MDPCP) Practice Home

The Maryland Primary Care Program (MDPCP) Practice Home page is the default landing page and is accessed via the Practice Home subtab. The Maryland Primary Care Program (MDPCP) Practice Home page allow you to view your associated practices, including the Practice ID, Practice Name, Practice Reporting Completion Status, and CTO Reporting Completion Status within the My Practice(s) Summary table.

If you want to navigate to a practice's Demographic Information page:

- 1. Select the desired **Practice ID** hyperlink.
- 2. The system navigates to the Demographic Information page.

If you want to navigate to the Practice Reporting Overview page:

- 1. Select the progress bar from the **Practice Reporting Completion Status**.
- 2. The system navigates to the **Overview** page.

If you are associated to a CTO and you want to navigate to the CTO Reporting page:

- 1. Select the progress bar from the CTO Reporting Completion Status.
- 2. The system navigates to the **CTO Reporting** page.

Note: If you are not associated to a CTO, the system will display the value 'N/A' in the **CTO Reporting Completion Status** column.

# Home	My Practice Info 🛛 🗏 Practice Reportin	g 🛃 Payment & Attribution	Resources		
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Maryland	Primary Care Program (M	OPCP) Practice Home	2		🚯 Help
My Practice) Summary			Search this table	Q Search
Practice ID	1 Practice Name	11 P	ractice Reporting Completion Status	CTO Reporting Completion Status	
T1MD	Me	PC	100%	0%	
Showing 1 to	of 1 entries			First Prev	ious 1 Next Last

Figure 34: MDPCP Practice Home – My Practice(s) Summary

4.2 My Practice Info

The **My Practice Info** tab provides access to the Demographic Information, Practice Information, Composition, Request History, and Documents subtabs for a practice. The pages accessed via these subtabs are described in the following sections.

4.2.1 Demographic Information

The **Demographic Information** page allow you to view and maintain a practice's demographic, primary contact, secondary contact, clinical leader contact, health information technology (HIT) contact and CTO contact information. When you initially navigate to this page, it is read-only.

If you want to edit:

- 1. Select the **Update Information** hyperlink.
- 2. Make changes to desired fields.
- 3. Select the Save button.

Note: If you choose to enter secondary contact or CTO contact information, all fields in this section are required unless otherwise noted.

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Figure 35: Demographic Information

4.2.2 Practice Information

The **Practice Information** page allow you to view and maintain a practice's HIT details and organization details. When you initially navigate to this page, it is read-only.

If you want to edit:

- 1. Select the **Update Information** hyperlink.
- 2. Make changes to desired fields.
- 3. Select the **Save** button.

If you want to initiate a Taxpayer Identification Number (TIN) Change:

- 1. Select the **TIN Change** button (available only when the Practice Information page is read-only).
- 2. The system navigates to the **TIN Change** page.
- 3. Refer to Section 4.2.2.1 for actions you can take on the **TIN Change** page.
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Figure 36: Practice Information

4.2.2.1 TIN Change

The **TIN Change** page allows you to submit a request to make a TIN change for a practice.

If you want to request a change:

- 1. Complete the required fields on the TIN Change page.
- 2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 for instructions on uploading a file.
- 3. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 4. Select the **Save** button.

Note: When you save the TIN Change page, the system generates a request ID and displays the page header as **TIN Change – Request ID #####**. Refer to Section 4.2.4.5 for actions you can take on the **TIN Change – Request ID #####** page.

If you want to add a remark to the request in Incomplete status:

- 1. Complete the **Request Notes** section.
- 2. Select the Save button.

> My Practice Info > Practice Information					
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12-3456789		12/06/2018			
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O No					
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Figure 37: TIN Change

4.2.3 Composition

The **Composition page** allows you to view and maintain the practice composition, practitioner roster, and staff roster for a practice.

If you want to **save** your practice's composition information:

- 1. Complete the required fields in the **Practice Composition** section.
- 2. Verify the Practitioner Roster and Staff Roster information.
- 3. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 4. Select the **Save** button.

If you want to edit your practice's previously saved composition information:

- 1. Select the Update Information hyperlink.
- 2. Make changes to desired fields.
- 3. Verify the Practitioner Roster and Staff Roster information.
- 4. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 5. Select the **Save** button.

If you want to **export** the Practitioner Roster or Staff Roster information:

- 1. Select the **Export** button.
- 2. Open or Save the **T#MD###_PractitionerRoster** or **T#MD###_StaffRoster** in Excel file format.

Note: The file should reflect the content from the respective roster's table.

graphic Information	Practice Information Compositio	Request History	/ Documents				Track
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ease indicate the nu irse practitioners, cli e MACRA Final Rule,	mber of Eligible Practitioners at your o inical nurse specialists, certified regist which can be found at Regulations.gov	rganization, as define ered nurse anesthetis /.	ed by MACRA, including thos ts, and groups that include :	e who are not primary care pra such clinicians. There are othe	ctitioners on your MOPCP roster. r requirements that determine wh	Eligible Practitioners will includ hether a practitioner is an Eligibl	e physicians, physician assistants, ie Practitioner that will be included i
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Figure 38: Composition

Practitioner Roster

The **Practitioner Roster** table displays the details of each practitioner associated with a practice, including the Practitioner Name, Primary Specialty, National Provider Identifier (NPI), Practitioner Status, Employment Status, Estimated Weekly Hours, and Date Withdrawn.

You can initiate the following actions from the Practitioner Roster section:

Table 3: Practitioner Roster Actions

If you want to	Then
Submit a request to add a New Practitioner	 Select the Add button from the Practitioner Roster section. The system navigates to the Add New Practitioner page. Refer to Section 4.2.3.1 for actions you can execute on the Add New Practitioner page.
Submit a request to withdraw an Active Practitioner	 Select the checkbox in the far right column of the table for the related practitioner. Select the Withdraw button. The system navigates to the Withdraw Practitioner page. Refer to Section 4.2.3.3 for actions you can execute on the Withdraw Practitioner page.
View Practitioner information for a practitioner in Active or Withdrawn status	 Select the related Practitioner Name hyperlink. The system navigates to the Practitioner Information page. Refer to Section 4.2.3.2 for actions you can execute on the Practitioner Information page.
Edit Practitioner Information for Practitioner in Active status	 Select the related Practitioner Name hyperlink. The system navigates to the Practitioner Information page. Refer to Section 4.2.3.2 for actions you can execute on the Practitioner Information page.
View request details or add remark to a request in Pending Add, Pending Withdraw, Incomplete Add, or Incomplete Withdraw status	 Select the related Practitioner Name hyperlink. The system navigates to the Add New Practitioner - Request ID ##### or Withdraw Practitioner - Request ID ##### page. Refer to Section 4.2.3.1 for actions you can execute on the Add New Practitioner page and Section 4.2.3.3 for Withdraw Practitioner page.

If you want to		Then			
Edit request details for a practitioner in	1.	Select the related Practitioner Name hyperlink.			
status	2.	The system navigates to the Add New Practitioner - Request ID ##### or Withdraw Practitioner - Request ID ##### page.			
	3.	Refer to Section 4.2.3.1 for Add New Practitioner page details and Section 4.2.3.3 for Withdraw Practitioner page details.			

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Practitioner Name	11 Primary Specialty	11 NPI	IT P	ractitioner Status	- 11	Employment Status	11 Estimated Weekly Hours	11	Date Withdrawn	- 33	Select
URDITH A SCHAFER	Internal/Adult Medicine	9620469435	A	ctive		Full-Time					12
leremiah Luke	General Practice	6758495867	P	ending Add		Full-Time	35				
Olmani Palosi	Internal/Adult Medicine	5675435895	A	ctive		Full-Time	40				12
openia majaro	Geriatric Medicine	7481768591	In	complete Add		Full-Time	40				

Figure 39: Practitioner Roster

Staff Roster

The **Staff Roster** table displays the details of the associated staff, including the staff name, title/position, if the individual works in direct patient care, employment status, and estimated weekly hours.

You can initiate the following actions from the Staff Roster table of the Composition page:

If You Want To	Then
View Staff information	 Select the related Staff Name hyperlink. The system navigates to the Staff Information page. Befer to Section 4.2.3.5 for actions you can execute on
	the Staff Information page.
Edit Staff information	 Select the related Staff Name hyperlink. The system payigates to the Staff Information page
	 Refer to Section 4.2.3.5 for actions you can execute on the Staff Information page.
Add a New Staff member	1. Select the Add button.
	2. The system navigates to the Add New Staff page.
	 Refer to Section 4.2.3.4 for actions you can execute on the Add New Staff page.

If You Want To		nen			
Delete an existing Staff member	1.	Select the box displayed beside the Estimated Weekly Hours column.			
	2.	Select the Delete button.			
	3.	Select the Yes option on the confirmation pop-up.			

Desides Desides	Ousfituitenenseert Consistint	Van	Edit Time	+) Estimated meekly hours	ii seec
Standon Procta	Obacco and the second s	ies.	Full Time	10	
Reven Quesner	Priantiaciso Priantiacy recimican	103	Full Time	40	
Mibur Unicef	Practice Supervisor/Practice Manager	Yes	Full-Time	40	
enith Camarland	Registered Nurse (RN)	Yes	Full-Time	40	

Figure 40: Staff Roster

4.2.3.1 Add New Practitioner

The **Add New Practitioner** page allows you to submit a request to add a new practitioner to a practice.

If you want to submit an Add New Practitioner request:

- 1. Complete the required fields in the **Practitioner Details** section.
- 2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 for instructions on uploading a file.
- 3. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 4. Select the **Save** button.

When you save the **Add New Practitioner** page, the system generates a request ID and displays the page header as **Add New Practitioner – Request ID #####**. Refer to Section 4.2.4.1 for the actions you can take on the **Add New Practitioner – Request ID #####** page.

If you want to **add a remark** to an **Add New Practitioner – Request ID #####** in Pending status:

- 1. Add a remark in the **Request Notes** section, if applicable. Refer to Section 3.4.4 for instructions on adding a remark.
- 2. Select the **Save** button.

If you want to edit an Add New Practitioner - Request ID ##### in Incomplete status:

- 1. Select the **Update Information** hyperlink.
- 2. Make desired changes.
- 3. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 for instructions on uploading a file.

- 4. Add a remark in the **Request Notes** section, if applicable. Refer to Section 3.4.4 for instructions on adding remarks.
- 5. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 6. Select the **Save** button.

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• My Practice Info > Composition > Add New Practition	er - Request ID 3238				Dawn 1
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Primary Contact Name		Practice ID	F Practice Name		
Mercy Obamogie		TIMD	Mer A Oba	taga ang mg	
ctitioner Details					
Prefix (Optional)	First Name		Middle Name (Optional)	Last Name	
Please Select (5	Rachel			Garnett	
Individual National Provider ID (NPI)		(mail (Optional)		Effective Date of joining practice (MM/DD/YYYY)	
1364798522		rgamett@careforpeoplefirst.co	en.	11/29/2018	
is this Practitioner a resident or intern?	(53)	Practitioner Type		Primary Specialty	107
THE		Physician (MD or DO)		eternaci Adust Medicine	
Employment Status		Estimated Weekly Hours		Is this Practitioner also practicing at another site?	
Full-Time	¥	. 40		No	Y
Handand Snard of Physicians Linear Streets					
varywno boaro o'r Prysicians License Number X232425263					
	dealers all they work a				
rase identify the reason(s) for adding this Practitioner	(select all that apply)				
Replacement of a Practitioner leaving this practice	ÉS.				
Temporary coverage (Locum Tenens) of existing Pr	ractitioner at a MDPCP pract	ice (e.g., extended leave; maternity le	ave/illness}		
Support practice's capacity to see new primary car	re patients				
Redistribute practice's current primary care caselo	ad				
The Practitioner brings special skills to help the pro-	actice meet the MDPCP work	k (e.g., care management, provision o	fadditional types of primary care services, soci	al service coordination, behavioral health, data analytics)	
Other, please specify					
Estimate the anticipated number of new Medicare fee- the new Practitioner	for-service beneficiaries the	practice will gain as a result of addin			
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Figure 41: Add New Practitioner

4.2.3.2 Practitioner Information

The **Practitioner Information** page allows you to view the details for an Active or Withdrawn Practitioner. When you initially navigate to this page, it is read-only.

If you want to edit practitioner information for an active practitioner:

- 1. Select the **Update Information** hyperlink.
- 2. Make the desired changes.
- 3. Select the **Save** button.

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Figure 42: Practitioner Information

4.2.3.3 Withdraw Practitioner

The **Withdraw Practitioner** page allows you to submit a request to withdraw an existing active practitioner from your practice.

If you want to submit a Withdraw Practitioner request:

- 1. Complete the Withdrawal Information section.
- 2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 for instructions on uploading a file.
- 3. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 4. Select the **Save** button.

When you save the **Withdraw Practitioner** page, the system generates a request ID and displays the page header as **Withdraw Practitioner – Request ID #####**. Refer to Section 4.2.4.2 for actions you can take on the **Withdraw Practitioner – Request ID #####** page

If you want to add a remark to a Withdraw Practitioner - Request ID ##### in Pending status:

- 1. Add a remark in the **Request Notes** section. Refer to Section 3.4.4 for instructions on adding a remark.
- 2. Select the **Save** button.

If you want to edit a Withdraw Practitioner - Request ID ##### in Incomplete status:

- 1. Select **Update Information** hyperlink.
- 2. Make desired changes to the required fields in the Withdrawal Information section.
- 3. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 for instructions on uploading a file.
- 4. Add a remark in the **Request Notes** section, if applicable. Refer to Section 3.4.4 for instructions on adding a remark.
- 5. Certify the accuracy of the information provided by completing the **Confirmation** section.
- 6. Select the **Save** button.

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Figure 43: Withdraw Practitioner

4.2.3.4 Add New Staff

The Add New Staff page allow you to add a new staff member to your practice.

If you want to add a new staff member:

- 1. Complete the required fields in the **Staff Details** section.
- 2. Certify to the accuracy of the information provided by completing the **Confirmation** section.
- 3. Select the Save button.

New Staff					
the considered field					
tes required neid					
e staff information is being requested to allow the MDPCF	team to plan and design learning sup	port and conduct a practice st	aff survey as required I	by CMS. The information you provide in this	form will be used by the learning and diffusion contractor
tractor(s) who will provide support to practices, the evalu	aator, and the MDPCP program team in	sternally, only for the purpose	s of the MDPCP model a	and its evaluation. This information will not	be shared or disseminated to others.
actice Information					
Primary Contact Name		Practice ID #		Practice Name	
Mercy Obamogie		TIMD		Obamog	
aff Details					
Prefix (Optional)	First Name *		Middle Name (Opt	tional)	Last Name *
Dr.	Kathy				Mullin
Email *	Does the individual work in dir	rect patient care? *		Title/Position *	
kmullin@careforpeoplefirst.com	Yes			Practice Supervisor/Practice Manager	
Employment Status *	Estimated Weekly Hours				
Sull Time	as				
123.	~				
nnmauon					
I have reviewed the practice information above and one of the practice information above above and one of the practice information above abov	sentity that it is accurate to the best of r	my knowledge.			
First Massa *	Last Name *		Position with MDP	VCD Departies File*	Puetone Concentral Posts
FISLName	Last Name		Postoon with Mor		System Generated Date
	Doe		Site Coordinato	c	

Figure 44: Add New Staff

4.2.3.5 Staff Information

The **Staff Information** page allow you to view the details of the staff member. When you initially navigate to this page, it is read-only.

If you want to edit Staff Information:

- 1. Select the **Update Information** hyperlink.
- 2. Make desired changes to the **Staff Details** section.
- 3. Select the **Save** button.

ff Information	£.						Print	0
pdate Information								
ce staff information is being requested to allow the MI ntractor(s) who will provide support to practices, the ractice Information	DPCP team to evaluator, an) plan and design learning support id the MDPCP program team intern	and conduct a practice ially, only for the purpos	staff survey as required ses of the MDPCP model	by CMS. The information you provide in this and its evaluation. This information will not	: form will be used by the learni t be shared or disseminated to	ing and diffusion contrac others.	tor(s), th
Primary Contact Name			Practice ID #		Practice Name			
Mercy Obamogie			TIME		Mc PC			
Prefix (Optional)		First Name		Middle Name (Op	(tional)	Last Name		
Please Select	⊻	Peggy Does the individual work in direct	patient care?		Title/Position	Parcel		
pparcel@careforpeoplefirst.com		Yes		¥	Pharmacist/Pharmacy Technician	\geq		
	i.	Estimated Weekly Hours						
Employment Status		40						

Figure 45: Staff Information

4.2.4 Request History

The **Practice Request History** page allows you to view and/or edit the following types of requests by selecting the Request ID from the Request History table:

- Add New Practitioner
- Add New Staff
- Delete Staff
- Request for Extension or Correction
- TIN Change
- Withdraw Practitioner

If you want to export the Practice Request History information:

- 1. Select the **Export** button.
- Open/Save the T#M D####_PracticeRequestHistory_YYYY_MM_DD in Excel file format.

Note: The file should reflect the content from the **Request History** table.

My Practice Info	Request History > Practice Request History est History			Practice T1MD - Mers	90 - F (F)	Switch
uest History						
w 10 💽 en	ries				Search this table	Q Search
equest ID	17 Request Type	11 Request Reference	11 Requester	11 Request Date	17 Request Status	1
246	Request for Extension or Correction	Year-Qtr: 2019-Q1, Request Type: Data Correction	Amit Pandey	12/03/2018 04:00 PM	Pending	
239	Withdraw Practitioner	Obamogie, Mercy/Changed practice location	Amit Pandey	11/29/2018 12:01 PM	Approved	
238	Add New Practitioner	Garnett, Rachel/Internal/Adult Medicine	Amit Pandey	11/29/2018 11:54 AM	Pending	
137	Add New Staff	Parcel, Peggy/Pharmacist/Pharmacy Technician	Amit Pandey	11/29/2018 11:39 AM	Completed	
236	Add New Staff	Kellogg, Arnold/Health Educator	Amit Pandey	11/29/2018 11:37 AM	Completed	
235	Add New Practitioner	Bamidele, Manny/Geriatric Medicine	Amit Pandey	11/29/2018 11:36 AM	Approved	
226	TIN Change	Add a New TIN	Amit Pandey	11/27/2018 03:50 PM	Pending	
					First Previous	Next 1a

Figure 46: Practice Request History

4.2.4.1 Add New Practitioner Request

The **Add New Practitioner – Request ID #####** page allow you to view the details for a submitted Add New Practitioner request.

The following table details the actions you can take on the **Add New Practitioner Request** page in each request status:

Table 5: Add New Practitioner - Request Page Actions

If you select a request in status	You can
Pending	View request details.Add a remark in the Request Notes section.
Incomplete	 View request details. Edit practitioner details by selecting the Update Information hyperlink. Add a remark to the Request Notes field.
Approved or Rejected	View request details.

graphic Information Practice Informatio	on Composition Request Hist	ory Documents			
	Compared ID 2228				
New Practice Info > Request History > Add N New Practitioner - Requ	ew Practitioner - Request ID 3238 Jest ID 3238			e	Print
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		2000020			
Primary Contact Name		Practice ID #	Practice Name Mercy A Oba		
Marcy outsinger					
ctitioner Details					
Prefix (Optional)	First Name		Middle Name (Optional)	Last Name	
Please Select	Racher			Garnett	
Individual National Provider ID (NPI)		Email (Optional)		Effective Date of joining practice (MM/DD/YMY)	
1364798522		rgarnett@careforpeoplefirst.com		11/29/2018	
is this Practitioner a resident or intern?		Practitioner Type		Primary Speciality	
Yes		Physician (MD or DO)	\geq	internal/Adult Medicine	Y
Employment Status		Estimated Weekly Hours		is this Practitioner also practicing at another site?	
Full-Time	×	40		No	Y
	The .				
Haryland Board of Physicians License Numb	ber				
3233425343					
ease identify the reason(s) for adding this P	ractitioner (select all that apply)				
Replacement of a Practitioner leaving th	is practice				
Temporary coverage (Locum Tenens) of	existing Practitioner at a MDPCP pract	tice (e.g., extended leave/maternity leave	(Illness)		
Support practice's capacity to see new p	rimary care patients				
Redistribute practice's current primary c	are caseload				
The Practitioner brings special skills to h	elp the practice meet the MDPCP work	k (e.g., care management, provision of ad	iditional types of primary care services, social	service coordination, behavioral health, data analytics)	
Other, please specify					
Estimate the anticipated number of new Me	dicare fee-for-service beneficiaries the	e practice will gain as a result of adding			
the new Practitioner.					
24					
24					
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Figure 47: Add New Practitioner Request

4.2.4.2 Withdraw Practitioner Request

The **Withdraw Practitioner - Request ID #####** page allow you to view the details for a submitted Withdraw Practitioner request.

The following table details the actions you can take on the **Withdraw Practitioner Request** page in each request status.

Table 6: Withdraw Practitioner Request Page Actions

If you select a request in status	You can
Pending	View request details.Add a remark in the Request Notes section.
Incomplete	 View request details. Edit Withdrawal Information by selecting the Update Information hyperlink. Add a remark to the Request Notes field.
Approved or Rejected	View request details.

		-							
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Figure 48: Withdraw Practitioner Request

4.2.4.3 Add New Staff Request

The **Add New Staff - Request ID #####** page allow you to view the details for adding new staff to a practice. The request status for the Add New Staff Request is always Complete, as no approval from MDPCP Support is required.

Table 7: Add New Staff Request Page Actions

If you select a request in status	You can
Completed	1. View request details.

New Staff - Request ID 3237 estaff information is being requested to allow the MDPCP tea	an an ann an				
e staff information is being requested to allow the MDPCP tea				Ðr	Print C
itractor(s) who will provide support to practices, the evaluato	im to plan and design learning support and con r, and the MDPCP program team internally, only	duct a practice staff survey as required (for the purposes of the MDPCP model)	by CMS. The information you provide in thi and its evaluation. This information will no	s form will be used by the learning and diffusion or t be shared or disseminated to others.	ontractor(s)
ractice Information					
Primary Contact Name		T1MD/	Practice Name Mercy & Obamonie MD, MPH, PC		-
and a second sec			nardi neverne Saturati na rati e		
aff Details					
Prefix (Optional)	First Name	Middle Name (Opt	tional)	Last Name	
Prieste Select	reggy			Parcel	
Email	Does the individual work in direct patient c	are?	Title/Position		
pparcel@careforpeoplefirst.com	Yes	\ge	Pharmacist/Pharmacy Technician		
Employment Status	Estimated Weekly Hours	1			
Full-Time	40				
onfirmation					
$\overrightarrow{\ensuremath{\mathbb{S}}}$ I have reviewed the practice information above and certil	fy that it is accurate to the best of my knowledg	e.			
First Name	Last Name	Position with MDP	CP Practice Site	System Generated Date 11/29/2018 11:39:16 AM	
55755	1997	· · ··································			

Figure 49: Add New Staff Request

4.2.4.4 Delete Staff Request

The **Delete Staff Request ID - #####** page allow you to view the details for a submitted Delete Staff request. The Delete Staff Request always displays in Completed status.

The following table details the action you can take on the **Delete Staff Request** page in Completed status.

Table 8: Delete Staff Request Page Actions

If you select a request in status	You can
Completed	View request details.

🖶 Home 🛛 My Practice Info 🗦 Practice Reporting	Payment & Attribution 🖉 Re	sources					
Demographic Information Practice Information Compos	tion Request History Documents						
MDPCP > My Practice Info > Request History > Delete Staff Request I Delete Staff Request ID - 3272	D - 3272					🔒 Print 🛛 🟮	Help
Practice staff information is being requested to allow the MDPCP te subcontractor(s) who will provide support to practices, the evaluat	am to plan and design learning support and c or, and the MDPCP program team internally, c	conduct a practice stal only for the purposes (ff survey as required of the MDPCP model	by CMS. The information you provide in and its evaluation. This information will	this form will be used by the not be shared or disseminat	learning and diffusion contractor(s) ed to others.	, the
Practice Information							
Primary Contact Name		Practice ID #		Practice Name			
Mercy Obamogie		TIMD		LOb MD, MPH, PC			
Prefix (Optional) Mr.	First Name Arnold		Middle Name (Op	tional)	Last Name Kellogg		
Email akellogg⊜careforpeople.com	Does the individual work in direct patier Yes	nt care?	\checkmark	Title/Position Health Educator			
Employment Status Part-Time	Estimated Weekly Hours						
If you have any questions, please contact MDPCP Helpdesk at 1-844	-711-2664, Option #7 or MarylandModel@cm:	s.hhs.gov.					
		← Ba	ck				

Figure 50: Delete Staff Request

4.2.4.5 TIN Change Request

The **TIN Change – Request ID #####** page allow you to view the details for a submitted TIN Change request.

The following table details the actions you can take on the TIN Change Request page in each request status.

Table 9: TIN Change Request Page Actions

If you select a request in status	You can
Pending	 View request details. Add a remark to the Request Notes section.
Incomplete	1. View request details.
	 Edit TIN Change Details by selecting the Update Information hyperlink.
	3. Add a remark in the Request Notes section.
Approved or Rejected	1. View request details.

		ny Documents				
s Mu Dractice Info a Demiest Weton	In This Changes, Request 10 2026					
Change - Request II	0 3226					🔒 Pant
ctice Information						
rimary Contact Name		Practice ID #	Practic	e Name		
Meliji		TIMO	Meril	en filminge, til, sitte PC		
History						
TINe	Start Date		End Date	8	Status	TIN Type
-5454	01/01/2019			Active		Primary
Details						
ect an action to identify the type o	of TIN change request					
Add a New Till						
New TIN		Effective Date of TII	Change (MM/DD/WWW)			
		11/27/2018				
Do you want to make the "New T	197" as Primary TIN7					
States and the second second second	in advising the					
I No						
Switch the Primary indicator for	Active TIN					
Terminate an Active TIN						
ase select all that apply from the f	following as the reason for the TiN change					
Incorrect TIN on application/pro	ovided to CMS					
Practice merger						
Practice split						
Practice has been acquired by the Practice is offering orimary care	he Parent owner (you will also need to provide and another type of service (i.e. urgent care)	segregation letter)				
Practice is part of a larger TIN th	at is applying to be a Medicare ACO or particip	ate in other Medicare Sha	red Savings programs			
Other, please specify						
anges in TIN may also indicate oth	er changes in the practice, such as banking infe	ormation. The change of t				
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Figure 51: TIN Change Request

4.2.4.6 Request for Extension or Correction Request

The **Request for Extension or Correction Request** page displays the details necessary to request a Practice Reporting Request for Extension or Correction for a practice.

The following table details the actions you can take on the Request for Extension or Correction page in each request status.

Table 10: Request for Extension or Correction Actions

If you select a request in status	You can
Pending	 View request details. Add a remark to Request Notes.
Incomplete	 View request details. Edit Request for Extension or Correction Details by selecting Update Information. Add a remark to Request Notes.
Approved or Rejected	1. View request details.

quest for Extension or Correction Detail	s					
Primary Contact Name		Practice ID		Practice Name		
Mercy Obamogie		TIN		Merc	H, PC	
Program Year-Quarter		Request Type				
2019-Q1		Correction				
From Date			To Date			
11/28/2018			06/14/2019			
Reason for Extension or Correction Our Practice in Howard County need an exten infirmation	nsion for three practices.	t of my knowledge, *				1932 Characters Remai
First Name	Last Name		Position with MDPCP Practice	site	System Generated Date	

Figure 52: Request for Extension or Correction Request

4.2.5 Documents

The **Practice Documents** page provides access to the documents for a practice within Track 1 or Track 2. Documents available for download are:

- Letter of support from Clinical Leadership
- Letter of support from Chesapeake Regional Information System for our Patients (CRISP)
- Letter of support from Parent of Owner Organization
- Participation Agreement (signed)

The Practice Documentation table displays the File Name, File Type, Date Added, and the option to download.

Demographic Information Practice Information Composition	Request History Documents		Track Track 1 Change Dis
DPCP > My Practice Info > Documents > Practice Documents /ractice Documents		Practice TSMD -Kannar PC	Switch Prace
Practice Documentation			
Show 10 💽 entries		Search this table	Q, Search
File Name	11 File Type	1] Date Added	17 Download
THIRDAN CONTRACTOR DATA	Letter of support from CRISP	11/29/2018 11:14 AM	4



4.3 Practice Reporting

The **Practice Reporting** tab provides access to the Practice Reporting Overview, Function, General, and CTO Reporting pages. You will need to complete all of the applicable Function pages and submit the General Information page during the practice reporting submission period each quarter. Once all of these pages are completed, they are displayed as read-only and the **Update Information** hyperlink is displayed until the end of the submission period. You may view your partner CTO Reporting page by selecting the **CTO Reporting** subtab.

If you want to edit your practice's previously submitted Practice Reporting information while the submission period is open:

- 1. Select **Update Information** on the page that requires changes.
- 2. Make changes to desired fields.
- 3. Select **Save**. Complete and Save any affected Function pages.
- 4. Certify the accuracy of the information provided by completing the **Confirmation** on the **General Information** page.
- 5. Select Save.

If you are associated to a CTO and want to view the CTO Reporting page:

- 1. Select the CTO Reporting tab.
- 2. The system navigates to the **CTO Reporting** page.

Note: If you are not associated to a CTO, the system shall display an informational message at the top of the page.

4.3.1 Overview

The **Overview** page displays the Practice Reporting Progress Summary information for your associated practice. This page contains a table for each of the five Functions and General information, which displays all of the pages contained in the sub-module and their respective completion status. You may also initiate a Request for Extension or Correction from this page.

If you want to navigate to one of the Function or General pages:

- 1. Select the page name from the Practice Reporting Progress Summary section.
- 2. The system will navigate to the selected page.

If you want to initiate a Request for Extension or Correction:

- 1. Select Request for Extension or Correction.
- 2. The system navigates to the **Request for Extension or Correction** page.
- 3. Refer to Section 4.3.1.1 for actions you can take on the **Request for Extension or Correction** page.

CP > Practice Reporting > Overview > Overview Message Practice Reporting submission for Quarter 1 is available from October 01, 2018 to January 01, 2019. Practice Reporting Progress Summary egend: © Completed ① In Progress ○ Not Started	2019-01 V Track I V Change Practice TIMD yele, MD, MPH, PC V Switch P
P* Practice Reporting > Overview > Overview exception for Quarter 1 is available from October 01, 2018 to January 01, 2018. erview ractice Reporting Progress Summary gend: • Completed • In Progress • O Not Started	TIMO gire, MD, MPH, PC Switch f
Practice Reporting submission for Quarter 1 is available from October 01, 2018 to January 01, 2019. PrvIeW ractice Reporting Progress Summary gend: Completed In Progress O Not Started	🕒 Print All
erctice Reporting Progress Summary gend: © Completed ① In Progress. ① Not Started	🖨 Print All
ractice Reporting Progress Summary	
gend: Completed O In Progress O Not Started	
unction 1: Access and Continuity	Status: Completed 100%
1.11: Empanelment	•
3.2:24/7 Access:	•
1.3; Continuity of Care	•
1.4: Enhanced Access and Communication	•
	D P
nction 2: Care Management	Status: Completed 100%
2.1: Risk Stratification	•
2.2: Identifying Beneficiaries for Care Management	•
2.3: Care Management Staffing	•
2.5: Identifying Hospitals and EDs Your Beneficiaries Use	•
2.5.1: Beneficiary Follow-Up - Hospital and ED Discharge	•
	0.5
nction 3: Comprehensiveness and Coordination	Status: Completed 100%
3.3: Coordinated Referral Management with Specialists	•
3.2: Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use	•
3.3: Behavioral Health Integration	•
3.4: Linkages with Social Services	•
3.4.3: Coordinating with Social Service Resources	•
nction 4: Beneficiary and Caregiver Engagement	Status: Completed 100%
4.1: Enranting Repetition and Careevers in Your Practice	
4.2: Self-Management Support for Selected Conditions	
nellon 6 Manual Carie for Hawlik Performan	Status Constated 100%
Kuonisi nameo Care for matori oucones	Status. Completed 100%
5.1. rean-based Laire	•
	01
	and the second second

Figure 54: Practice Reporting Overview

4.3.1.1 Request for Extension or Correction

The **Request for Extension or Correction** page allows you to submit a request to extend the Practice Reporting submission period for late submission or data correction.

If you want to submit a request:

- 1. Verify the Request for Extension or Correction Details.
- 2. Enter the Reason for Extension or Correction.
- 3. Certify the accuracy of the information provided by completing the **Confirmation**.
- 4. Select Save.

Home ♡ My Practice Info E Practice Reporting	🛃 Payment & Attribution 🖉 Resources			
Overview Function 1 Function 2 Function 3 Function	4 Function 5 General CTO Reporting			
MDPCP > Practice Reporting > Overview > Request For Extension or Cor Request for Extension or Correction	rection			1 Help
Primary Contact Name	Practice ID		Practice Name	
mercy obarnoge	1700		Poercy PC	
Program Year-Quarter	Request Type			
2019-Q1	Correction			
From Date		To Date		
11/28/2018		06/14/2019		
Reason for Extension or Correction Our practice need more time to submit the reporting for th	is quarter.			
-				1930 Characters Remaining.
Confirmation				
I have reviewed the information above and certify that it	is accurate to the best of my knowledge. "			
First Name	Last Name	Position with MDPCP Practice Site	System Generated Date	
Jane	Doe	Site Coordinator		
	음 Save 🤈	Clear 🗲 Back		

Figure 55: Request for Extension or Correction

4.3.2 Function 1

Function 1 allows you to report information pertaining to access and continuity at your practice.

4.3.2.1 Empanelment

The **EmpaneIment** page allows you to identify how your practice empanels beneficiaries, count of panels, count of empaneled attributed beneficiaries, count of attributed beneficiaries, active beneficiary lookback period. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for all quarters.

Note: The value entered for Total number of attributed beneficiaries empaneled with a practitioner or care team at your practice is reflected on the Identifying Beneficiaries for Care Management page.

Reporting Payment & Attribution # Resources	
on 3 Function 4 Function 5 General CTO Reporting	Yi / Qtr Track 2018-Q1 V Track 1 V
	Practice
	тамо мян, яс
Empaneiment	
Parameterization in a second	10000
up you <u>primarity</u> emplores demendances by practicipate (set, each ind, boy, ext, or ref) or by care team (set, practicipate ref)	and a second
Practitioner	
# Care leam	
What is your active beneficiary lookback period?	
Less than one year	
0 1-2 years	
More than two years	
Empanelment Status	Quarter 1
Number of panels at your practice	24
Total number of attributed beneficiaries empaneted with a practitioner or care team at your practice	100
Total number of attributed beneficiaries at your practice	150
% of beneficiaries empaneled	66.67%
CIO - Practice Assistance	
Uid you receive assistance from your partner CLU?	
· Yes	
Who in your partner CTO provided assistance? (Select all that apply)	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practisioner (i.e., Mo, DO, NP, PA)	
Who in your partner CFO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) Sf. CTO Clinical Staff (i.e., BA, LPA)	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practiconer (i.e., M0, DO, N°, PA) CTO Clinical Staff (i.e., INA, LTN) CTO Clare Manager (i.e., LCSW)	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practiconer (i.e., Mo, DO, NP, PA) St CTO Clinical Staff (i.e., RA, LPH) St CTO Clinical Staff (i.e., RA, LPH) St CTO Clare Manager (i.e., LCSH) Other, please specify	
Who in your partner CFO provided assistance? (Select all that apply) CFO Practitioner (i.e., MG, DO, NP, PA) X CFO Cloned Staff (i.e., BA, LPA) X CTO Clone Manager (i.e., LCSM) Other, please specify Teo	
Who in your partner CFO provided assistance? (Select all that apply) CFO Practitioner (i.e., M0, DO, NP, PA) CFO Clinical Staff (i.e., BA, LPA) CFO Clinical Staff (i.e., SA, LPA) CFO Clinical Staff (i.e., SA, LPA) Other, please specify Other, please specify Tho	
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., M0, DO, NP, PA) X* CTO Clinical Staff (i.e., BA, LPA) X* CTO Clinical Staff (i.e., SA, LPA)	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., M0, DO, N°, PA) X CTO Clinical Staff (i.e., RN, LPN) Y To Clinical Staff (i.e., RN, LPN) Y To Staff (i.e., RN, LPN) Y CTO Clinical Staff (i.e., RN, LPN) Y CTO Practitioner provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provide assistance	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., M0, DO, N°, PA) CTO Clinical Staff (i.e., BN, LPN) CTO Clinical Staff (i.e., SN) Other, please specify Tho If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance	
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) CTO Clinical Staff (i.e., BK, LPR) CTO Clinical Staff (i.e., CSN) Other, please specify The If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Additional Practice Assistance	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) CTO Clinical data (i.e., Ri, KPA) CTO Clinical data (i.e., CSH) Other, please specify Ro If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional). CTO Practitioner provided assistance	
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) CTO Clinead call (i.e., Ris, LPA) Other, please specify Dther, please specify No If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Idditional Practice Assistance Did you receive assistance from a state Practice Coach?	
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO Clinical Staff (i.e., Ris, LPA) CTO Clinical Staff (i.e., Ris, LPA) Other, please specify Other, please specify Thyou would like to provide any additional information regarding the Partner CTO, please do to below (Optional) CTO Practitioner provided assistance Additional Practice Assistance Did you receive assistance from a state Practice Coach? ¥ Yes	
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO Clinical Staff (i.e., Ris, LPA) CTO Clinical Staff (i.e., Ris, LPA) Other, please specify 0 ther, please specify 76 Moliformal Practice Assistance Information provided assistance Did you receive assistance from a state Practice Coach? * Yes 190	
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO clane data (i.e., RA, LPA) CTO clane data (i.e., RA, LPA) CTO clane data (i.e., RA, LPA) Other, please specify 0 ther, please specify Pro If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Did your receive assistance from a state Practice Coach? * Yes No	
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Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO clinical Staff (i.e., Ris, LPA) CTO clinical Staff (i.e., Ris, LPA) CTO clinical Staff (i.e., Ris, LPA) Other, please specify 0 ther, please specify 1 the please specify <td< td=""><td>e)</td></td<>	e)
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitoner (i.e., K0, DO, NP, PA) CTO Chinesi Staff (i.e., RN, LPA) CTO Chinesi Staff (i.e., RN, LPA) Other, please specify Other, please specify Tryou would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Did you receive assistance from a state Practice Coach? Yes Too If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) CTO Practitioner provided assistance Did you receive assistance from a state Practice Coach? If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) We used State Practice Coach We used State Practice Coach	49
Who in your partner: CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO Clinical Staff (i.e., Ris, LPA) CTO Clinical Staff (i.e., Ris, LPA) Other, please specify 0 ther, please specify 10 ther, please specify 11 there is the there is the provide any additional information regarding the state Practice Coach, please do so below (Option: 12 the used State Practice Coach 13 the practice Coach 14 you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does)	e) bees not include your partner (TO, If associated)?
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) CTO Clinical data (i.e., Ri, VPA) CTO Clinical data (i.e., Ri, VPA) CTO Clinical data (i.e., Ri, VPA) CTO Clinical data (i.e., CSH) Other, please specify No Hypour would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Did you receive assistance from a state Practice Coach? * Yes No If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) CTO Practitioner provide any additional information regarding the state Practice Coach, please do so below (Optional) If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) We used State Practice Coach We used State Practice Coach Did you vective assistance in meeting care transformation requirements from an outside contractor or consultant (this did indice) We used State Practice Coach We used State Practice Coach	at) loes not include your partner CTO, if associated]?
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Who in your partner: CTO provide assistance? (Select all that apply) CTO Practitioner (i.e., K0, DO, NP, PA) CTO Chinesia Staff (i.e., Ris, LPA) CTO Chinesia Staff (i.e., Ris, LPA) Other, please specify Other, please specify Tryou would like to provide any additional information regarding the Partner: CTO, please do so below (Optional) CTO Practitioner provided assistance Did you receive assistance from a state Practice Coach? Y Yes In you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) We used State Practice Coach We used State Practice Coach We used State Practice Coach Y Yes To no If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) We used State Practice Coach We used State Practice Coach If you would like to provide any additional information regarding assistance you received from outside contractor or consultant (this difference) If you and the to provide any additional information regarding assistance you received from outside contractors or consultant (this difference)	el) loes not include your partner CTO, if associated)? consultants, please do so below (0ptionul)
Who in your partner CTO provide assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) Y CTO Clinical data (i.e., Ri, VPR) CTO Clinical data (i.e., Ri, VPR) Other, please specify Interpretation of the provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Interpretation of the to provide any additional information regarding the state Practice Coach, please do so below (Optional) CTO Practitioner provided assistance Interpretation of the to provide any additional information regarding the state Practice Coach, please do so below (Optional) If you would like to provide any additional information regarding the state Practice Coach, please do so below (Option) If you would like to provide any additional information regarding the state Practice Coach, please do so below (Option) We used State Practice Coach If you vective assistance form a state Practice Coach? If you vective assistance in meeting care transformation regarding the state Practice Coach, please do so below (Option) In the state Practice Coach If you vective assistance in meeting care transformation regarding assistance you received from outside contractor or consultant (this of the to provide any additional information regarding assistance you received from outside contractor or consultant (we used compliants)	el) bes not include your partner CTO, if associated)? consultants, please do so below (Optionul)
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (Le., MO, DO, NP, PA) CTO Clineal data (Le., Re, LPR) CTO Clineal data (Le., Receiver, LC.SH) Tryou would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Did you receive assistance from a state Practice Coach? * Yes 9 90 If you would like to provide any additional information regarding the state Practice Coach, please do so below (Option) We used State Practice Coach Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this difference) If you would like to provide any additional information requirements from an outside contractor or consultant (this difference) If you would like to provide any additional information regarding assistance you received from outside contractors or consultant (this difference) If you would like to provide any additional information regarding assistance you received from outside contractors or consultan	at) loss not include your partner CTO, if associated()? consultants, please do so below (0ptional)
Who in your partner CTO provided assistance? (Select all that apply) CTO Practitioner (i.e., MG, DO, NP, PA) CTO Clinical doull (i.e., Ris, LPR) CTO Clinical doull (i.e., Ris, LPR) CTO Clinical doull (i.e., Ris, LPR) CTO Clinical doull (i.e., Risk), LPR) CTO Clinical doull (i.e., Risk) Other, please specify In you would like to provide any additional information regarding the Partner CTO, please do so below (Optional) CTO Practitioner provided assistance Did your receive assistance from a state Practice Coach? If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional) We used State Practice Coach? If you would like to provide any additional information regarding the state Practice Coach, please do so below (Option) We used State Practice Coach? If you would like to provide any additional information regarding the state Practice Coach, please do so below (Option) We used State Practice Coach? If you would like to provide any additional information regarding assistance you received from outside contractors or consultant (bit of provide any additional information regarding assistance you received from outside contractors or We used consultants:	al) loes not include your partner CTO, if associated)? consultants, please do so below (0ptionul)

Figure 56: Empanelment

4.3.2.2 24/7 Access

The **24/7 Access** page allows you to identify if a practitioner or care team member provides 24/7 coverage, if 24/7 access is available for your Electronic Health Record (EHR). Additionally, you are required to give details regarding assistance provided by a state practice coach or an outside contractor or consultant.

Note: If you are associated with a CTO, you will be required to provide information regarding assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for Quarter 1 and Quarter 3.

	Payment extended and extended and extended and and and and and and and and and an		
Function 1 Function 2 Fun	ction 3 Function 4 Function 5 General CTO Reporting	Vr/Qtr Track 2019-Q1 ✔ Track	1 V Change D
ractice Reporting > Function 1 > 24/7 Acc	rees	Practice TIND	Switch Pri
and Continuity	24/7 Access		(
nelment			
coss			
suity of Care	Does a clinician or care team member from your practice site usually provide 24/7 coverage?		
ced Access and Communication	No, we do not provide 24/7 coverage		
	@ Yes		
	No, we have a centralized call-center for our health system (after hours coverage for all practices in the system)		
	No, we have a formal coverage arrangement with another practice/organization		
	Is 24/7 coverage provided with real-time access to your practice's EHR?		
	* res		
	U 10		
	CTO - Practice Assistance		
	Did you receive assistance from your partner CTO?		
	· Yes		
	Who in your partner CTO provided assistance? (Select all that apply)		
	CTO Practitioner (i.e., MD, DO, NP, PA)		
	CTO Clinical Staff (i.e., RN, LPN)		
	W CTO Care Manager (i.e., LCSW)		
	Cther, please specify		
	No		
	If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)		
	Additional Practice Assistance		
	UID you receive assistance from a state Practice Coach?		
	· Yes		
	© No		
	n you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional	J	
	Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this do	es not include your partner CTO, if associated)?	
	· Yes		
	O No		
	If you would like to provide any additional information regarding assistance you received from outside contractors or co	nsultants, please do so below (Optional)	

Figure 57: 24/7 Access

4.3.2.3 Continuity of Care

The **Continuity of Care** page allows you to identify how your practice tracks continuity of care and the scheduling strategies used. Additionally, you are required to give details regarding assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save.** This page is applicable for Quarter 1 and Quarter 3.

🖶 Home 🛛 My Practice Info 📄 Practic	ce Reporting 🔄 Payment & Attribution 🖉 Resources	
Overview Function 1 Function 2 Function	on 3 Function 4 Function 5 General CTO Reporting	V//Qtr Track 2019-Q1 Track 1 Change Display
MORE > Reaction Reputies > Constant > Constant	al Paul	Practice
More	Continuity of Care	TIMD MPH, PC Switch Practice
Access and Continuity	Update Information	C Asp
1.2 24/7 Access		
1.3 Continuity of Care	Do you track continuity of care (in terms of how often beneficiaries see the practitioner or care team to which they are empanel	led) for your beneficiaries?
1.4 Enhanced Access and Communication	· Yes	
	What system(s) do you primarily use to track continuity of care? (Select all that apply)	
	ERC .	
	Electronic practice management systems (e.g., appointment scheduling system)	
	Other, please specify	
	© No	
	CTO - Practice Assistance	
	Did you receive assistance from your partner CTO?	
	₩ Yes	
	Who in your partner CTO provided assistance? (Select all that apply)	
	CTO Practitioner (i.e., M0, DO, NP, PA)	
	CTO Clinical Staff (i.e., RN, LPN)	
	sy, CTO Care Manager (i.e., LCSW)	
	Otner, piease speciny	
	No	
	If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)	
	Additional Practice Assistance	
	Did you receive assistance from a state Practice Coach?	
	* Yes	
	I No.	
	If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)	
	Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does n	not include your partner CTO, if associated)?
	# Yes	
	ID No	
		Next all and the balance (Automation
	• you receive the to provide any automation internation regarding associance you received from outside contractors or consult in your received international contractors or consultance in the provide the provided international contractors or consultance in your received internation of the provided international constractors or consultance in your received international constractors or constractors	unning hunner on an menan folkmanad.
	A martine	
	* / INVOID	→ Next



4.3.2.4 Enhanced Access and Communication

The **Enhanced Access and Communication** page allows you to report how often your practice is able to provide access and communication services to beneficiaries. You are also able to identify the types of alternative approaches to care your practice provided in the last quarter, the amount of patients who received alternative care, and who provided the alternative care. Additionally, Track 2 practices may also provide information on the ways they used Comprehensive Primary Care Payment (CPCP) to increase non-traditional office visits. Additionally, you are required to give details regarding assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for all quarters.

			chor	2019-01	V Teo
Enhanced Access and Communication	n		2010 000	an Mire	10
 Update Information 					
When bookfulaties need it, wy practice is able to provide .					
Services		Mever	Receiv	Sometimes	Offee
		0	- 0		
_ office visits on the weekend, evening, or early morning					
		1.00	141		
- Belginder alliver of classical source <u>Syring server (cost</u>)					
- bitphore advice or diskot issues an academia and at after en	ngadar affina hoara				*
_ unsat as portal advice on cloural sources		0	.0	(R)	*
In the last quarter, in which of the following ways did your practic	ce provide alternative approaches to care other than t	raditional offica-	balad yours?	рөнсс ил тал хорлу;	
🔲 We did not privide alternative appreaches to care					
Alternative Science Bank Science	How many of your bonaficiaries received attaneative	For each of the	allernative of	ore approaches you ask	ected, who
	C here	1) MG/DO			
If volts in observative locations (e.g., runsing facilities,	* Some	12 NP/PA			
Contraction (set our formation)	0 ME	CEW, p	exte specify		
	D Rose	₩			
(i) Home-based care (e.g., primary care home visita)	() Some	II NP/PA			
	C AL	COVer. of	over strent,		
	© None	II HE/00			
Qt. Hedical group visits (e.g., shared medical appointments)	© Some	12 M/M	and specifi		
	D M				
	O have	E MD/D0			
 Video-based conferencing (i.e., taxabealth or telemedicine) 	+ Some	Se seyes	name specify		
	0 AB				
	() None	₩ MR/DO			
 Medical visit over an electronic exchange (i.e., phone or, e-mill, portal) 	D Some	Conter.pl	ease specify		
	0.44				
	O None	II) MD/DD			
Other, plasse specify	C Some	El tenytes. El cener, pl	ease spectly		
	D-M				
CIO. Braches Assistance					
Did you receive assistance from your partner CTO?					
ik Yes					
who in your partner circl provided assistance? (Select all the	ner nøpperst.				
2 CTO CENERALISTIC (Les, FIX, LPN)					
 St. Concare standing: (16, (CON)) Other, please specify 					
Q No					
If you would like to provide any additional information regard	ang the Marther CTO, please do to below (optional)				
Additional Practice Assistance					
Did you receive assistance from a state Practice Coach?					
* Yes					
If you wanted that the property water and the second statements	DAP ING MANY ACADIM AND A TABLE AND A	vest			
• For some one releases and assistent control population	n di nin masa na sinan na si bisasa da sa agigar (oʻsi	~***			
Did you receive assistance in meeting care transformation reque	insmerts from an outside contractor or sometant (th	ns doos not inclu	de yesr parts	er CTO, Hassociated 3	
· ves					
If you would like to provide any additional information regard	ing aniitiance you received from outside contractors	or consultanti, g	lease do so b	ekw (Optional)	



4.3.3 Function 2

Function 2 allows you to report information pertaining to care management for high-risk, high-need beneficiaries at your practice.

4.3.3.1 Risk Stratification

The **Risk Stratification** page allows you to identify if you risk stratify your empaneled beneficiaries, the types of risk stratification your practice uses, the types of data-driven algorithm and care team/clinical intuition factors used for risk stratification, the type of prompts that are used for reassessment of a beneficiary's risk stratification, and if risk stratification is integrated with EHR. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

To complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for Quarter 1 and Quarter 3.
ation	Pyactice
Risk Stratification	TIND: WPH, PC
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Data-driven algorithm only Intuition only	
C Two-step	
Other, please specify	
What factors are included in your data-driven alworthen for risk stratifying your banafictaries? ISe	ect all that apply?
III Bie do not use a data-driven alexidher as not of our side stratification	1
Claims variables	
☑ Clinical variables from the EHR	
Computed risk scores (e.g., CMS-HCC scores or risk scores from other payers)	
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What factors do you consider when using care team/clinical intuition to stratify your beneficiane	? Do not include factors included in your data-driven algorithm. (Select all that
I We do not use the care team's perception as part of our risk stratification	
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us other, please specify	
What prompts reassessment of a beneficiary's risk stratification assignment?	
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Only as needed, or we do not have a protocol in place	
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Schadula-drives protocol	
© Other, phase specify	
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# Tes	
CTO - Practice Assistance	
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# Yes	
Who in your partner CTO provided assistance? (Select all that apply)	
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CTO Care Manager (Le., LCSW)	
Other, please specify	
- No.	
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If you would like to provide any additional information regarding the Partner CTO, please do so	below (Optional)
Additional Practice Assistance	
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© No	
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Did you receive assistance in meeting care transformation requirements from an outside contract	tor or consultant (this does not include your partner CTO, if associated)?
* Yes	
No No	
If you would like to provide any additional information regarding assistance you received from	outside contractors or consultants, please do so below (Optional)

Figure 60: Risk Stratification

4.3.3.2 Identifying Beneficiaries for Care Management

The **Identifying Beneficiaries for Care Management** page allows you to categorize how the practice's beneficiary population is risk stratified and report how the practice identifies beneficiaries for episodic care management.

You are able to provide the **Level of Risk (highest risk at the top)** of your empaneled beneficiaries.

The value for **Total empaneled beneficiaries** is auto-populated from the **Empanelment** page. You must complete 1.3 Empanelment prior to completing this page. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for all quarters.

Note: The system auto-calculates some of the values based on the responses provided.

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Figure 61: Identifying Beneficiaries for Care Management

4.3.3.3 Care Management Staffing

The **Care Management Staffing** page allows you to identify the clinicians or staff primarily responsible for care management and coordination activities. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

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4.3.3.4 Identifying Hospitals and Emergency Departments (EDs) Your Beneficiaries Use

The **Identifying Hospitals and EDs Your Beneficiaries Use** page allows you to identify up to three of the top hospitals and EDs used most by your beneficiaries over the current quarter.

The hospital and ED names identified on this page are reflected on the **Beneficiary Follow-Up** – **Hospital and ED Discharge** page and **Identifying and Communicating with Hospitals & EDs Your Beneficiaries Use** page. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

Function 1 Function 2 Function 3	Function 4 Function 5 General CTO Reporting			Vr/Qtr Track			
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Figure 63: Identifying Hospitals and EDs Your Beneficiaries Use

4.3.3.4.1 Beneficiary Follow-Up – Hospital and ED Discharge

The **2.5.1 Beneficiary Follow-Up for Hospital and ED Discharge** page allows you to identify the number of beneficiaries discharged from the ED and/or hospital during the current quarter. You may provide information on beneficiaries who received follow-up contact within one week after discharge from the ED and within two business days after discharge from the hospital.

The hospital and ED names are auto-populated from the **Identifying Hospitals and EDs Your Beneficiaries Use** page. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In order to complete this page successfully, provide valid responses to the prompts and select **Save**. This page is applicable for all quarters.

Note: The system auto-calculates some of the values based on the responses provided.

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ABC Emergency Department		5	3.	100.00 %	
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Figure 64: Beneficiary Follow-Up – Hospital and ED Discharge

4.3.4 Function 3

Function 3 allows you to report information pertaining to comprehensiveness and coordination at your practice.

4.3.4.1 Coordinated Referral Management with Specialists

The **Coordinated Referral Management with Specialists** page allows you to identify the formal coordinated referral management agreements made with high-cost specialists and healthcare organizations. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

nction (3 Function & Function S General CTO Reporting 2019-
in start 1	Precise Precise
	Coordinated Referral Management with Specialists
	Update information
	Identify the high-volume or high-cost specialists and health care organizations with whom you have coordinated referral management. (Select all that apply)
	We have not established coordinated referral management with any of these specialists
8	Specialists
	Altergy/Intectious Obease
	Dematology
	M Emergency Medicine
	Tridecrinology
	ENT/Otelaryngelogy
	Gastroenterology
	W Hospitalist Care
	Neurology
	Obstetrics/Gynecology
	Cncology/Hematology
	Contraction of the second seco
	Coptometry
	Chrhopedic surgery
	Pallative care
	Podiatry
	Psychiatry/Psychology
	Pulmonology
	Radiotogy
	Rheumatology
	₩ Surgery
	Choose and
	III Other, please spechy
- 7	CTO - Practice Assistance
	Did you receive assistance from your partner CTO?
	# 195 Who in your partner CTD provided assistance? (Select all that apply)
	W CTO Practitioner (s.e., Mo., BO, NP, PA)
	Other, please specify
	m oper breat breat
	© No.
	If you would like to even ble any additional information remarking the Partner //YA advances as a below Westmann
	n ywe weeke we provide any additional information regarding the Partner CTO, please 60 50 betow (optional)
1	Additional Practice Assistance
	Did you receive assistance from a state Practice Coach?
	# Ves
	-O No
	If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)
	ure you receive assounce in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if association and include your partner constraints and include your
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	© No
	If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, old was do so below (Vorticeal)
	in your investigate the provide any auditional information regariting assistance you received nom outside contractors or consultance, passe do to below (Optional)

Figure 65: Collaborative Care Agreements with Specialists

4.3.4.2 Identifying and Communicating with Hospitals & EDs Your Beneficiaries Use

The **Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use** page allows you to provide information regarding coordination and communication with hospitals and EDs where your beneficiaries seek care. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

The hospital and ED names are auto-populated from **Identifying Hospitals and EDs Your Beneficiaries Use**.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

W Home V My Practice Into	eporting 🖉 Payment & Attribution 🔮 Resources		Yr/Otr Track
Dverview Function 1 Function 2 Function 3	Function 4 Function 5 General CTO Reporting	Practice	2019-Q1 Track 1 Change Displa
Comprehensiveness and Coordination	dentifying and Communicating with I	Hospitals and EDs Your Beneficiaries Use	Mercy PC Switch Pacific
2 Identifying & Comm w/Hospitals & Eds 3 Behavioral Health Integration	Tell us how you coordinate and communicate about admission/d which hospitals/EDs you indicated in 2.5.	ischarge/transfer (ADT) information with the hospitals and EDs where you	beneficiaries seek care. This table auto-populates based on
4 Linkages with Social Services 4.1 Coordinating with Social Service Resources	Hospital/ED	On average, how promptly do you receive ADT information about your beneficiaries seen at this Hospital/ED?	Is ADT information access integrated within your EHR or HIT System?
	XYZ Hospital	We do not have access to ADT information from this hospital/ED At time of event E Daily Within I week Mithin 2 weeks Diver 2 weeks	₩ Yes No
	ABC Emergency Department	 We do not have access to ADT information from this hospital/ED At time of event Daily Within 1 week Within 2 weeks Over 2 weeks 	⊛ Yes ⊙ No
	Did you receive assistance from your partner CTO? Yes Who in your partner CTO provided assistance? (Select all th CTO Practitioner (i.e., MD, DO, NP, PA) CTO Clinical Staff (i.e., RH, LPH) CTO Care Hanager (i.e., LCSW) Other, please specify No No	at apply) ing the Partner CTO, please do so below (Optional)	
	Additional Practice Assistance Did you receive assistance from a state Practice Coach? Yes No If you would like to provide any additional information regard	ng the state Practice Coach, please do so below (Optional)	
	Did you receive assistance in meeting care transformation requi * Yes No If you would like to provide any additional information regard	rements from an outside contractor or consultant (this does not include y ing assistance you received from outside contractors or consultants, pleas	wr partner CTO, if associated)? e do so below (Optional)

Figure 66: Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use

4.3.4.3 Behavioral Health Integration

The **Behavioral Heath Integration** page allows you to provide information on your practice's primary behavioral health strategy, identify the mental health conditions targeted by that strategy, and the types of targeted tactics that are available for beneficiaries. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

	Practice
	TIMO: Merc_ Merc_ MRH, PC
Benavioral Health Integration	
 Update information 	
What is your practice's primary strategy for addressing behavioral health nee	ds? If you are planning to integrate one of the behavioral health models listed below, please select that
C this was not addressing behavioral books much as an exception	
We are not addressing denavior an matter needs at due practice Behavioral health integration with Care Management for Mental Illness	(Option 1)
Behavioral health integration with the Primary Care Behaviorist model	(Option 2)
* Referrals for external behavioral health specialists	
Other, please specify	
What mental health conditions are you targeting with your behavioral health	strategy? (Select all that apply)
We do not target specific mental health conditions	
Anxiety disorders	
Alzheimer's disease and related dementias	
Depressive disorders	
Complex/chronic disease and comorbidities (e.g., major depressive disc	der, poorly controlled diabetes)
W High risk behaviors (e.g., tobacco use, obesity, medication adherence) III Internetia	
V Substance use disorders	
Other, please specify	
- and branchest	
What types of targeted tactics for your beneficiaries are available at your pra-	Scell (Select all that apply)
We do not use any targeted tactics for behavioral health	
Screening for behavioral health conditions as standard practice	
Stillst (e.g., alcohol misuse) Evidence-based psychotherapy (e.g., CBT, PST)	
Self-management support for behavioral health conditions	
Counseling for behavior change (e.g., smoking cessation, weight loss)	
Other, please specify	
CTO - Practice Assistance	
Did you receive assistance from your partner CTO?	
🕱 Yes	
Who in your partner CTO provided assistance? (Select all that apply)	
CTO Practitioner (i.e., MD, DO, NP, PA)	
R CTO Clinical Staff (Le., RN, LPN)	
Other, please specify	
No	
If you would like to provide any additional information regarding the Part	er CTO, please do so below (Optional)
Additional Practice Assistance	
Did you receive assistance from a state Practice Coach?	
# Yes	
O No	
If you would like to provide any additional information regarding the stat	Practice Coach, please do so below (Optional)
Old you receive assistance in meeting care transformation requirements for	n an outside contractor or consultant (this does not include your partner CTO, if associated)?
a ves	
IO No	
If you would like to provide any additional information reporting assistant	e you received from outside contractors or consultants, niaeue do un helme (Ontionoli
- you mount not to promote any approximate transmission regarding approxi-	

Figure 67: Behavioral Health Integration

4.3.4.4 Linkages with Social Services

The **Linkages with Social Services** page allows you to report if you routinely screen your beneficiaries for unmet social needs, the type of screen tools that are used, and if those tools are integrated with EHR. You must also indicate which social needs your practice has prioritized. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

ion 1 Function 2 Functi	on 3 Function 4 Function 5 General CTO Reporting	2019-Q1	Track 1 V Change I
ortine > Function 3 > Linkades	Practice Practice		
	Linkages with Social Services	ARC N. MILLS	Setth V
ss and coordination is			
errai signit with Specialists	· openet internation		
h Integration	Do you routinely screen your beneficiaries for unmet social needs?		
cial Services			
with Social Service Resources	We screen a targeted subpopulation of beneficiaries for unmet social needs		
	We universally screen all beneficiaries for unmet social needs		
	What tune of screening tool(s) do you use or adjust to canture unmet social needs in your baneficiary population? (Select all that apply)		
	sume ches ou ancountil repolation han one ou marks so calcum anume server uncer un bour primercient. Endormenour Device un cum abbeils		
	We do not use any screening tools		
	We use the recountable Health Commandes (PHC) to a only Other Standardized screening tool (e.e., screening tools outlished by HealthLeads, IOM/MAM)		
	Tool developed by practice or system		
	Cther, please specify		
	- and brane shared		
	Are screening tools or questions integrated with your EHR or health if system?		
	· Yes		
	No		
	What are the health-related social needs your practice has prioritized to address in your beneficiary population? (Select all that apply)		
	We have not prioritized any social needs to address in our beneficiary population		
	Food insecurity: Limited or uncertain access to adequate and nutritious food		
	Housing instability: Homelessness, unsafe housing quality, inability to pay mortgage/rent, eviction		
	C Utility needs: Difficulty paying utility bills, shut off notices, disconnected phone		
	Financial resource strain: inability to pay for basics such as food, medical care, insurance, and medication costs		
	W Transportation: Difficulty accessing/affording transportation (i.e., medical or public)		
	Employment: Under-employment/unemployment		
	Social bolation: Lack of family and/or mend networks, minimal community contacts, absence of social engagement		
	 See a province barrow and a community and the second s		
	Other, please specify		
	CTO - Practice Assistance		
	Did you receive assistance from your partner CTO?		
	# TPS Who is your extense CTO secondard secietance? (Salart all that seeb)		
	more a year partner or or provide assessment (prince as that apply)		
	CTO Practitioner (i.e., MD, DO, NP, PA)		
	Se CTO Care Manager (Le., KR, DPN)		
	at the terminate process of		
	Other, prease specify		
	© No		
	If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)		
	Additional Practice Assistance		
	Did you receive assistance from a state Practice Coach?		
	¥ Vet		
	D No.		
	202		
	If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)		
	Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO	, if associated)?	
	€ Yis`		
	© N6.		
	If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (c)ptional)	

Figure 68: Linkages with Social Services

4.3.4.4.1 Coordinating with Social Service Resources

The **Coordinating with Social Service Resources** page allows you to specify how frequently your inventory of social service resources is updated, if the inventory is integrated with EHR, and with which resources you have established relationships to address prioritized areas. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

In addition, you will be required to provide valid responses to prompts for details of the assistance provided by a state practice coach or an outside contractor or consultant.

		Yr/Qtr Ti	rack
Function 1 Function 2 Functio	.3 Function 4 Function 5 General CTO Reporting	2019-Q1	Track 1 Change D
ce Reporting > Function 3 > Coordinatin	g with Social Service Resources	Practice TLMDC - Men PC	Switch Pr
iveness and Coordination	Coordinating with Social Service Resources		6
ed Referral Mgmt with Specialists			
& Comm w/Hospitals & Eds			
Health Integration	How frequently is the inventory of social service resources your practice uses updated?		
ith Social Services	We do not maintain or have access to an inventory of these resources		
iting with Social Service Resources	Ad hoc basis only		
	At least monthly		
	© Every 2-6 months		
	Every 6-12 months Every 6-12 months		
	Do you have an inventory of social service resources integrated with your EHR?		
	10 Ver		
	No No		
	soencity the social service resources and supports with whom you have established relationships to address the pr	nontized areas you selected above. (Select an that apply)	
	We have not established relationships with social service resources and supports		
	Nutrition and food (e.g., SNAP/WIC, food pantries, Meals on Wheels)		
	Health-related services (e.g., insurance, prescription assistance, home health, durable medical equipment)		
	Housing (e.g., shelter, public housing, transitional support)		
	Transportation (e.g., medical transport, public transit)		
	Utilities (e.g., energy assistance/subaidies [LIHEAP], telephone)		
	Other, please specify		
	CTO - Practice Assistance		
	Did you receive assistance from your nartner CTO?		
	Who in your partner CTO provided assistance? (Select all that apply)		
	CTO Clinical Staff I.e., RN, LPNI		
	CTO Care Manager (Le., LCSW)		
	Cther, please specify		
	No		
	If you would like to provide any additional information regarding the Partner CTD, please do so below (Option)	aŭ	
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	Additional Practice Assistance		
	Did you receive assistance from a state Practice Coach?		
	# Yes		
	© No		
	If you would like to provide any additional information regarding the state Practice Coach, please do so below	(Optional)	
	Did you paralise projectance in machine care transformation new inements from an estable contractor or consultan	at this does not include your partner CTO. If reportated if	
	on you receive assistance in meeting care transformation requirements from an outside contractor of consultan	nt (this does not include your pariner Cro, it associated)?	
	ill Yes		
	U NO		
	If you would like to provide any additional information regarding assistance you received from outside contract	ctors or consultants, please do so below (Optional)	
	and the second se		

Figure 69: Coordinating with Social Service Resources

4.3.5 Function 4

Function 4 allows you to report information pertaining to beneficiary and caregiver engagement at your practice.

4.3.5.1 Engaging Beneficiaries and Caregivers in Your Practice

The **Engaging Beneficiaries and Caregivers in Your Practice** page allows you to report how frequently your practice engages beneficiaries and caregivers in activities and provide information to your practice's Patient and Family Advisory Council (PFAC). Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

g Boneficiaries and Caregovers in Your Practice			Fractice TUMDITIE - M	
Engaging Beneficiaries and Caregivers in Y	our Practice			
Tell us how frequently your practice engages beneficianes and caregovers	n			
Activities	Neve	Harely	Sonetimes	Offen
developing agendas for Patient and Family Advisory Council (IFFAC) meet	ings 0	0	0	
communicating results of improvement projects	0	0	6	e.
Nhish-of the following steps has your practice achieved to implement and the have not baken any of these steps the implement and the implement to the implement and steff to the implement and the implement and the implement and steff to the implement and the imple	integrate the PFACT (3	velect all that apply) sy of meatings, term lae	gba, and other meeting in	guica) :
Identify the number of meetings held by your practice's PFAC in the last.	quarter			
Who typically ninets with or is a part of your PFAC?				
Bule			Number of Individuals	
Practitionen (MD/00, NP, PA)			123	
Concentration on the two management			-	
 Comparent (efficiency of each real and efficiency) 				
Beneficianis and family/caregivers.				
Non-clinical staff (e.g., administration, front office, (7)			13	
Contras, please specify				
Note a linepresentative Age Note a linepresentative Age Solo-construct atom Longoage toolsen CTO - Practice Assistance Did you release them your partner CTO? * Yre Wroin your partner CTO provided assistance? (Extend at that spey) Ø: CTO instructioner as, MG, NO, NP, MS; Ø: CTO Care transport (AL, CLSH) @ Cto Care stranger (AL, CLSH) @ Cto Care stranger (AL, CLSH) @ Other, phrase specify # Ms	actree (CT0, please do-	sa helowi (Optional)		
Additional Practice Assistance Did you see we set taken from a state fractice Coach?				
# Yes ⊜ No		aase do so helow (Optio	na)	
# Yes 89 Hyper would like to provide any additional information regarding the u	tate Practice Coach, pl			
Yes No You would like to provide any additional information regarding the o Dol you receive associates in meeting care transformation requirements Wite Wite No	tale Practice Coach, på	actor or consultant (thi	i does not include your par	tner CTO, if associated

Figure 70: Engaging Beneficiaries and Caregivers in Your Practice

4.3.5.2 Self-Management Support for Selected Conditions

The **Self-Management Support for Selected Conditions** page allows you to select conditions for which your practice provides self-management support, identify how your practice selects beneficiaries for self-management support, and report how frequently your practice implements aspects of self-management support. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

This page is applicable for all quarters.

gement Support for Selected Conditions			Practice	
Self-Management Support for Selected Co	nditions		1240/10/1411	
/ Update Information				
Care on an a trian of				
For which conditions did your practice provide condition-specific support	for self-management in the	e last quarter? (Select i	all that apply)	
We do not offer self-management support for any conditions				
Cardiovascular Mess	ratory/Pulmonary		Mental Hea	dite
Congestive Heart Failure (CHF)	Asthma		Anxiet	y
😿 Coronary Artery Disease (CAD)	COPE		🔝 Depre	nois
III Wyperlpidemia/high cholesterol				
E Rypertenson				
Substance Disorder Other	5. 			
V tobacco cesiation	Chronic pain Diabetes			
🗇 Opioid mouse 🛛 🖓	Obesity/weight loss			
E	Other, please specify			
How do you identify beneficiaries for self-management support? (Select a	ll that apply)			
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All beneficianes with targeted condition Conversil risk status luniar the anartice's side stratification methodology				
Poorly controlled disease	601			
😨 Data from a formal self-management assessment tool				
32 Beneficiary expression of interest				
Clinician referral/identification				
Other, pisase specify				
How frequently does your practice implement each of the following aspo-	ts of sell-management sup	port to beneficiaries a	nd caregivers?	
Activities	Never	Rarely	Sometimes	Very Often
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We include family/compress in goal setting and care plan development				
We connect or provide beneficiaries and caretevers with formal artificiana	truent	1.00		
support services at our practice or in the community			0.	
We resonant beneficiary's skills and pergress (e.g., How's bly Health, Patient J.	4 in 1			
Activation Manager (PMMg				
Our staff are trained in specific self management support techniques (e.g. motivational interviewing, 5 A's, Teach Back, reflective latening)	0	0	0	
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Other, please specify				
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Figure 71: Self-Management Support for Selected Conditions

4.3.6 Function 5

Function 5 allows you to report information pertaining to planned care and population health at your practice.

4.3.6.1 Team-Based Care

The **Team-Based Care** page allows you to identify how often care teams at your practice have structured huddles and scheduled meetings, how often clinical activities are delegated to members of the care team, and how often care teams review quality improvement data. Additionally, you will be required to give details of the assistance provided by a state practice coach or an outside contractor or consultant.

If you are associated to a CTO, you will be required to provide valid responses to prompts for details of the assistance provided by your partner CTO.

				2019-Q1 🗸	Track 1
> Team-Based Care			Practice TIMD////// - M	ecciles granters	
Team-Based Care					
How often do care teams at your practice have structured huddles focused of	n beneficiary care?				
O Never					
Only as needed or ad hoc					
 At least daily 					
At least weekly					
At least every 2 weeks At least monthly					
(A MALINDICHY					
How often do care teams at your practice have scheduled care team meetin	ps to discuss high-risk be	neficiaries and planne	d care?		
O Never					
Only as needed or ad hoc					
At least cally					
At least every 2 weeks					
At least monthly					
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How often are the following clinical activities delegated to memoers of the c	are seam (e.g., RN, MA, In	ont desk, or other prac	tice staff) other than th	e practitioner/	
Activities	Never	Rarely	Sometimes	Offices	Alwa
Direct beneficiary over activities fairs, bundling out only and a					
Direct beneficiary care activities (e.g., beneficiary objection, self-manageme support activities)	a 0	0	0	0	*
Beneficiary assessments (e.g., assessing lifestyle factors, screening)					
Communicating with beneficiaries (e.g., answering messages from		2001	1000 C		1
beneficiaries)				<u> </u>	
At least monthly At least quarterly At least annually CTO - Practice Assistance Did you receive assistance from your partner CTO?					
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4.3.7 General

The General sub-module allows you to report general information about your practice.

4.3.7.1 General Information

The **General Information** page allows you to rate how useful your practice finds each MDPCP communication type and estimate the number of hours spent collecting and inputting care delivery data. You will be required to certify that your practice's demographic, organization details and composition information is accurate. In addition, you will be required to list the primary point of contact (POC) for completing the practice reporting and certify the accuracy of the information provided.

You must complete all of the Function pages prior to completing this page. If the Function pages are not completed, the system will display the following text: "This section can only be completed after you have completed all other sections of your care delivery reporting."

new Function 1 Function 2 Function 3 Function 4 Function 5 General CTO Reporting	Tr/Qtr Track
	Practice
Practice Reporting > General > General Information	TIMD: -Mer MPH, PC Switch
neral Information	
pdate Information	
IDPCP Program Questions	
Tell us how useful your practice finds each type of communication for MDPCP information and updates. (Rate from	1-5, with 5 being very useful and 1 being not useful at all) (Optional)
Communication Type	Rating
2 MDPCP weekly newsletter	5
	5
Set Practice Facilitator or learning network email	4
W MDPCP Support	
	5
Learning sessions, Action Groups, Practices in Action, and webinars	4
Other, please specify	Ion Information this muster. Please round to the nearest whole hour increment. (Ontional)
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Figure 73: General Information

4.3.8 CTO Reporting

The CTO Reporting sub-module allows you to view your CTO's verification of assistance you indicated on the Function pages. This page is applicable only if you are associated to a CTO.

4.3.8.1 CTO Reporting

The **CTO Reporting** page allows you to view your partner CTO's information, Practice Assistance Verification, CTO Information Verification, Reporting Point of Contact, and Confirmation. This page is applicable for all quarters.

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Figure 74: CTO Reporting

4.4 Payment & Attribution

The **Payment & Attribution** tab provides access to the Payment & Attribution subtab. The Payment & Attribution subtab provides access to the Practice Payment & Attribution page and the Beneficiary Attribution Report.

4.4.1 Practice Payment & Attribution

The **Practice Payment & Attribution** page allow you to view your practice's payment information. In addition, this page allow you to access Beneficiary Attribution reports, if available. This page is read-only and maintained quarterly.

If you want to request access to a Beneficiary Attribution Report for the first time, you must acknowledge the Health Insurance Portability and Accountability Act (HIPAA) agreement:

- 1. Select the corresponding **Download** icon for the report.
- 2. The system navigates to the **Request for Personally Identifiable Information for Attributed Beneficiaries** page. Refer to Section 4.4.1.1 for information on how to acknowledge the HIPAA agreement on the **Request for Personally Identifiable Information for Attributed Beneficiaries** page.

If you want to download a Beneficiary Attribution Report that already has a signed HIPAA agreement:

- 1. Select the corresponding **Download** icon for the report.
- 2. Open or save the T#M D####_BeneAttrRpt_CY####_Q#_YYYYMMDD file.

If you want to view the signed HIPAA agreement for a practice's Beneficiary Attribution Report:

- 1. Select the hyperlink in the HIPAA Submission column of the table.
- 2. The system navigates to the completed **Request for Personally Identifiable** Information for Attributed Beneficiaries page, which is displayed as read-only.

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ctice Payment & Attribution			😝 Print.
Payment for this Quarter and Altributed Beneficiaries		Total	
Total Amount Paid this Quarter*		\$	268227.39
Care Management Fee (CMF) Paid this Quarter*		\$	710.34
Performance Based Incentive Payment (PBIP) Paid this Quarter*		5	114.64
Beneficiaries Attributed this Quarter			206
Attributed Beneficiaries by Tier	Number of Beneficiaries		HCC Score Range
Low Risk		459	0.117+0.464
Medium - Low Risk		873	0.456 - 0.658
Medium - High Risk		1391	0.009-1.149
High Risk		421	1.150-13.101
Complex Risk		213	1.870 - 11.094
Payment Specifications this Quarter		Total	
CMF Amount Before Debit		5	16792.00
CMF Debit Amount		5	8002.00
Total CMF		5	19383.83
Total PBIP		5	6637.50
Adjustments		5	171.67
Total Amount Calculated		5	10818.57
Cumulative Payments and Attributed Beneficiaries		Total	
Cumulative Beneficiaries Attributed (since 01/01/2019)			
Cumulative CMF Paid (since 01/01/2019)*		5	80689.01
Cumulative PBIP Paid (since 01/01/2019)*		5	79633.97
Cumulation Total Paid (since 01/01/2010)*			14712.21
Cumulative Total Paid (unce 01/01/2013)*			ant rend.
ts 2% sequestration adjustment			
ave any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Optio	on #7 or MarylandModel@cms.hhs.gov.		
neficiary Attribution Report			
k on the "Download" icon to view the beneficiary attribution file. A copy of th are in Microsoft Excel formats.	he file will be opened on your local machine and yo	w will have the opportunity to save it.	
Beneficiary Attribution Report			
Show 10 entries			
File Name		Download	HIPAA Submission



4.4.1.1 Request for Personally Identifiable Information (PII) for Attributed Beneficiaries

The **Request for Personally Identifiable Information for Attributed Beneficiaries** page allows you to request access to a Beneficiary Attribution Report by acknowledging the HIPAA agreement.

If you want to submit the HIPAA acknowledgement on behalf of your practice:

- 1. Review the HIPAA agreement.
- 2. Select a radio button option from the prompt.
- 3. Select the Submit button.

# Home	🕲 My Practice Info	∃ Practice Reporting	Payment & Attribution	Resources	
Payment &	Attribution				
MDPCP > Pays	ment & Attribution > HIPA/	Submission			
Reques	t for Personall	y Identifiable In	formation for Attri	ibuted Beneficiaries	1 Help
CMS believes therefore offe Agreement.	the care coordination, effi ir to MDPCP practices an o	ciency of care, and quality imp pportunity to request certain l	provement work of MDPCP practic beneficiary-identifiable data, as d	ices would benefit from the receipt of beneficiary-identifiable claims-derived data on MDPCP attributed Medicare fee-f described in Section IX and the HIPAA-Covered Disclosure Request Attestation and Data Specification Worksheet (Appe	or-service (FFS) beneficiaries. CMS will endix E) of the MDPCP Participation
As outlined in practices may information fr practice's BA	Section IX of the MDPCP P reuse original or derivativ rom the files specified in A and/or performing MDPCF	articipation Agreement, MDP re data without prior written a ppendix E to anyone, unless th practice activities.	CP practices may not to disclose, iuthorization from CMS for clinical te recipient is directly involved in	use, or reuse the data except as specified in the Participation Agreement or except as CMS shall authorize in writing on It treatment, care management and coordination, and quality improvement activities but shall not disseminate individe treating MDPCP beneficiaries; a HIPAA Business Associate (BA) of that HIPAA Covered Entity; the MDPCP Practice's BA	r as otherwise required by law. MDPCP dually identifiable original or derived ; or a subcontractor BA hired by the MDPCP
In offering this determination of these data results from s	s beneficiary-identifiable c ns prior to requesting this to any unauthorized perso such improper use or discle	faims data, CMS does not rep data from CMS. MDPCP practi- ms to the CMS Action Desk by asure.	resent that the MDPCP practice has ces shall report any breach of per telephone at (410) 786-2850 or by	as met all applicable HIPAA requirements for requesting data under 45 CFR § 164.506(c)(4). The MDPCP practice shoul rsonal health information (PHI) or personally identifiable information (PII) from or derived from the CMS data files, loss y email notification at cms_it_service_desk@cms.hhs.gov within one hour. The MDPCP practice shall cooperate fully in	d consult with its own counsel to make those of these data, or improper use or disclosure in the federal incident security process that
As a represent notice and in	tative of the MDPCP practi the MDPCP Participation A	ce, on behalf of the practition greement.	ers on record as participating in M	MDPCP, I acknowledge the above information and stipulations in the MDPCP Participation Agreement, and request to	access the beneficiary data described in this
The MDPCP p	ractice is a (select one)				
A HIPAA	Covered Entity (CE) as def	ined in 45 CFR § 160.103			

Figure 76: Request for PII for Attributed Beneficiaries

4.5 Resources

The Resources tab provides access to the MDPCP Resources page. The MDPCP Resources page contains documents and helpful links to resources outside the MDPCP Application that are pertinent to participation.

4.5.1 MDPCP Resources

The **MDPCP Resources** page contains the Resource Documents and Helpful Links sections.

4.5.1.1 Resource Documents

The Resource Documents table displays resource files and allows you to download the following forms:

- CMS 588 Form Electronic Funds Transfer (EFT) Information
- CMS 588 Form Frequently Asked Questions (FAQ)
- CMS 855R Form Medicare Enrollment Application
- CMS Non-Data Use Agreement (DUA) Tracking Form Completion Instructions
- Enterprise Privacy Policy Engine (EPPE) Batch Processing Template
- MDPCP Identity Practice Portal Proofing Form

The Resource Documents table displays the File Name, File Type, and Date Added and provides the option to download.

If Home So My Practice Into i≡ Practice Reporting i≥ Payment &	Attribution & Resource:		
IDPCP Resources			
PCP > Resources > MDPCP Resources			
DPCP Resources			
Resource Documents			
Show 10 entries		Search this table	Q Search
File Name	1) File Type	11 Date Added	Download
EPPE Batch Processing Template.docx	EPPE Batch Processing Template	11/21/2018 03:50 PM	٨
CMS Non-DUA Tracking Form Completion Instructions.docx	CMS Non-DUA Tracking Form Completion Instructions	11/21/2018 03:50 PM	٨
CMS 588 Form - Electronic Funds Transfer (EFT) Information.docx	CMS S88 Form - Electronic Funds Transfer (EFT) Information	11/21/2018 03:50 PM	۵
MDPCP Identity Practice Portal Proofing Form.docx	MDPCP Identity Practice Portal Proofing Form	11/21/2018 03:50 PM	۸
CMS 588 Form - Frequently Asked Questions.docx	CMS 588 Form - Frequently Asked Questions	11/21/2018 03:50 PM	۸
CMS 855R Form - Medicare Enrollment Application.docx	CMS 855R Form - Medicare Enrollment Application	11/21/2018 03:50 PM	٨
CMS 588 Form.doex	CMS 588 Form	11/21/2018 03:49 PM	٤
Showing 1 to 7 of 7 entries		First Previous	1 Next Last
Helpful Links			
Page Description		URLs	
MDPCP Connect Website		MDPCP Connect	
COM Aligned oppulation Health Reporting Tool		CALIPHR	

Figure 77: MDPCP Resources

4.5.1.2 Helpful Links

The Helpful Links section allow you to view the following external links:

- MDPCP Connect Website
- CQM Aligned Population Health Reporting Tool (CALiPHR)

Helpful Links	
Page Description	URLs
MDPCP Connect Website	MDPCP Connect
CQM Aligned population Health Reporting Tool	CALIPHR



5. Troubleshooting & Support

5.1 Error Messages

Each page in the MDPCP Application has its own specific error messages that will inform you of the error encountered and what action needs to be taken to save the page.

If you want to navigate to the impacted field for the alert messages that are displayed on top of the page:

- 1. Select the error message in the red box.
- 2. The system will navigate you to that field.

5.2 Special Considerations

Not applicable.

5.3 Support

For any issues pertaining to the MDPCP Application, please contact the MDPCP Support Team. Refer to the table below for contact information.

Table 11: Support Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
MDPCP Support Team	Innovation Sites Business Operations Support Contract (IBOSC)	1-844- 711-2664	MarylandModel@cms.hhs.gov	Support	MDPCP General Support

Appendix A: Record of Changes

Table 12: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	12/10/2018	Adedamola Adenikinju	Draft for Release 2.0
0.2	12/11/2018	Sravanthi Vakada	Peer Review
0.3	12/20/2018	Najha Jones	QA Review of highlights only
0.4	12/20/2018	Barb Miller	Address QA comments
1.0	12/21/2018	Najha Jones	Final

Appendix B: Acronyms

Table 13: Acronyms

Acronym	Literal Translation			
АРМ	All-Payer Model			
ARS	Acceptable Risk Safeguard			
CALiPHR	CQM Aligned Population Health Reporting Tool			
CMF	Care Management Fee			
СММІ	Center for Medicare & Medicaid Innovation			
CMS	Centers for Medicare & Medicaid Services			
CMSR	CMS Minimum Security Requirements			
CPC+	Comprehensive Primary Care (CPC) Plus			
СРСР	Comprehensive Primary Care Payment			
CQM	Clinical Quality Measures			
CRISP	Chesapeake Regional Information System for our Patients			
CRP	Care Redesign Program			
СТО	Care Transformation Organization			
DUA	Data Use Agreement			
ED	Emergency Department			
EFT	Electronic Funds Transfer			
EHR	Electronic Health Record			
EIDM	Enterprise Identity Management			
EIT	Electronic and Information Technology			
ePortal	Enterprise Portal			
EPPE	Enterprise Privacy Policy Engine			
FAQ	Frequently Asked Question			
ΗΙΡΑΑ	Health Insurance Portability and Accountability Act			
Acronym	Literal Translation			
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ніт	Health Information Technology			
IC	Innovation Center			
IE	Internet Explorer			
IS	Information Services			
ISBOSC	Innovation Sites Business Operations Support Contract			
LOA	Level of Assurance			
MDPCP	Maryland Primary Care Program			
MFA	Multi-Factor Authentication			
NPI	National Provider Identifier			
OS	Operating System			
PDF	Portable Document Format			
PFAC	Patient and Family Advisory Council			
PII	Personally Identifiable Information			
POC	Point of Contact			
PV	Privileged			
PY	Program Year			
Qtr	Quarter			
RIDP	Remote Identity Proofing			
SSN	Social Security Number			
тсос	Total Cost of Care			
TIN	Taxpayer Identification Number			
XLC	eXpedited Life Cycle			

Appendix C: Glossary

Table 14: Glossary

Term	Acronym	Definition
Enterprise Privacy Policy Engine	EPPE	System that tracks all disclosures of CMS data.
Health Insurance Portability and Accountability Act	HIPAA	Legislation that provides data privacy and security provisions for safeguarding medical information.

Appendix D: Referenced Documents

Not Applicable.

Appendix E: Approvals

Table 15: Approvals

Document Approved By	Date Approved
Dawn Alley, Business Owner, CMMI State Innovations Group	TBD
Rebecca VanAmburg, Business Owner (Rep), CMMI State Innovations Group	TBD
Katie Shannahan, Business Owner (Rep), CMMI State Innovation Group	TBD
Velda L. McGhee, IT Lead, CMMI Business Services Group	TBD
Don Rocker, OIT PMO, CMS Office of IT	TBD
Diane Gray, Project Manager, ActioNet	TBD
Ankit Gupta, Technical Project Manager	TBD
 Sravanthi Vakada, Lead Business Analyst	TBD
Murali Goriparthi, Lead Architect	TBD