



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

Maryland Primary Care Program (MDPCP) Application Release 2.0

Practice User Manual

Version 1.0

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Contract Number: HHSM-500-2014-00082U

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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 508Feedback@cms.hhs.gov.

For more information on CMS.gov accessibility and compliance with Section 508, please go to: <https://www.cms.gov/About-CMS/Agency-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 onto 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.

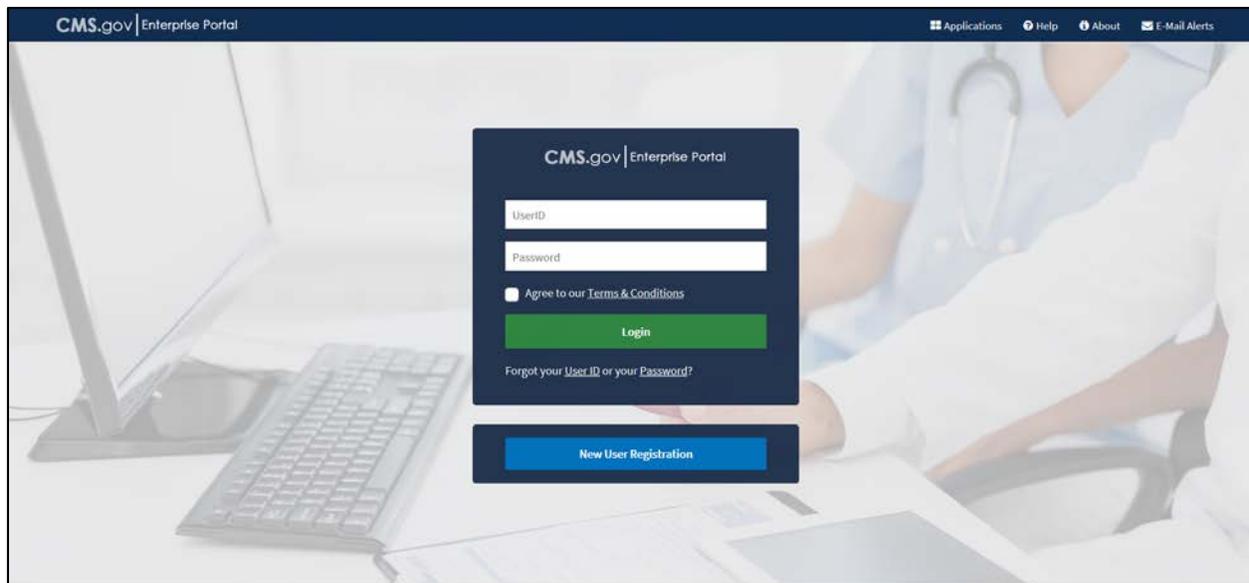


Figure 1: ePortal Landing Page

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.

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.

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.

Step #2: Register Your Information

Step 2 of 3 - Please enter your personal and contact information.
All fields are required unless marked 'Optional'.

Enter First Name Enter Middle Name (optional) Enter Last Name Suffix (optional)

Enter Social Security Number (optional) Birth Month Birth Date Birth Year

Is Your Address US Based?
 Yes No

Enter Home Address #1 Enter Home Address #2 (optional)

Enter City State Enter Zip Code Enter Zip+4 (optional)

Enter E-mail Address Confirm E-mail Address

Enter Phone Number

Back Next Cancel

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.

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.

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

Registration Summary

Please review your information and make any necessary changes before submitting.

IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC)

All fields are required unless marked 'Optional'.

<small>First Name</small> First Name	<small>Enter Middle Name (optional)</small>	<small>Last Name</small> Last Name	<small>Suffix (optional)</small>
<small>Enter Social Security Number (optional)</small>	<small>Birth Month</small> January	<small>Birth Date</small> 1	<small>Birth Year</small> 1980
<small>Home Address #1</small> 123 Main St	<small>Enter Home Address #2 (optional)</small>		
<small>City</small> Baltimore	<small>State</small> Maryland	<small>Zip Code</small> 21212	<small>Enter Zip+4 (optional)</small>
<small>E-mail Address</small> abc@mail.com	<small>Confirm E-mail Address</small> abc@mail.com		
<small>Phone Number</small> 123-123-1234			

<small>User ID</small> User_ID	
<small>Password</small> *****	<small>Confirm Password</small> *****
<small>What is your favorite radio station?</small>	<small>Challenge Question #1 Answer</small> station
<small>What is the name of your favorite pet?</small>	<small>Challenge Question #2 Answer</small> own
<small>What is the name of your favorite childhood friend?</small>	<small>Challenge Question #3 Answer</small> friend

Submit User
Cancel

Figure 6: Registration Summary

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

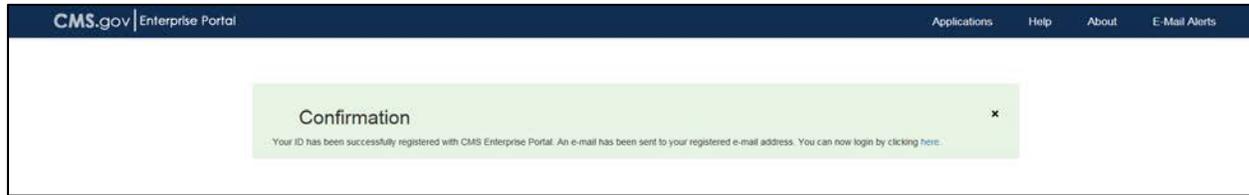


Figure 7: New User Registration Confirmation

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 <https://portal.cms.gov/>.

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.
5. Select the **Login** button.

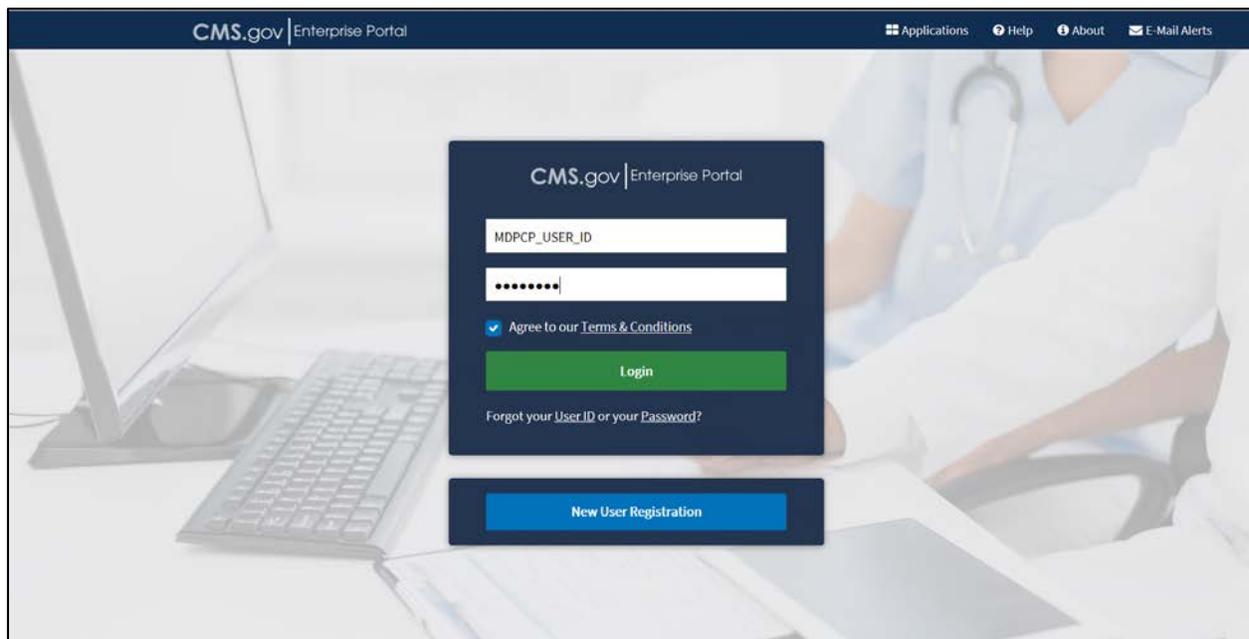


Figure 8: ePortal Home – Login

6. On the **My Portal** page, select the **Request/Add Apps** hyperlink.

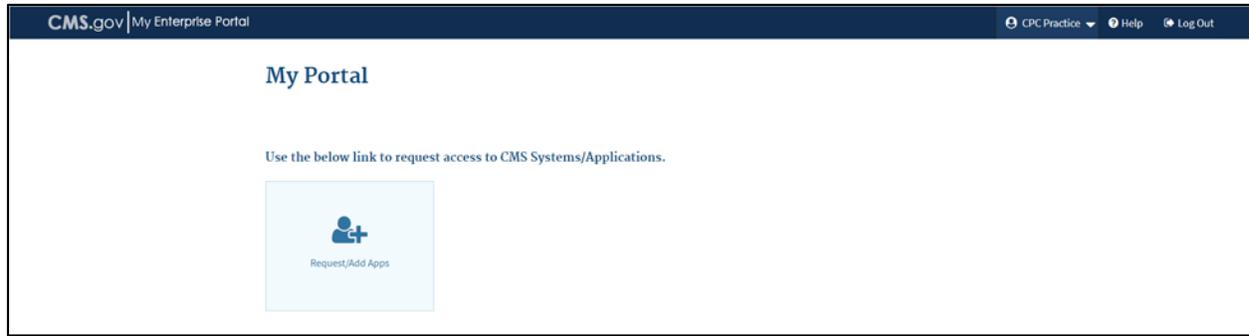


Figure 9: My Portal – Request/Add Apps

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

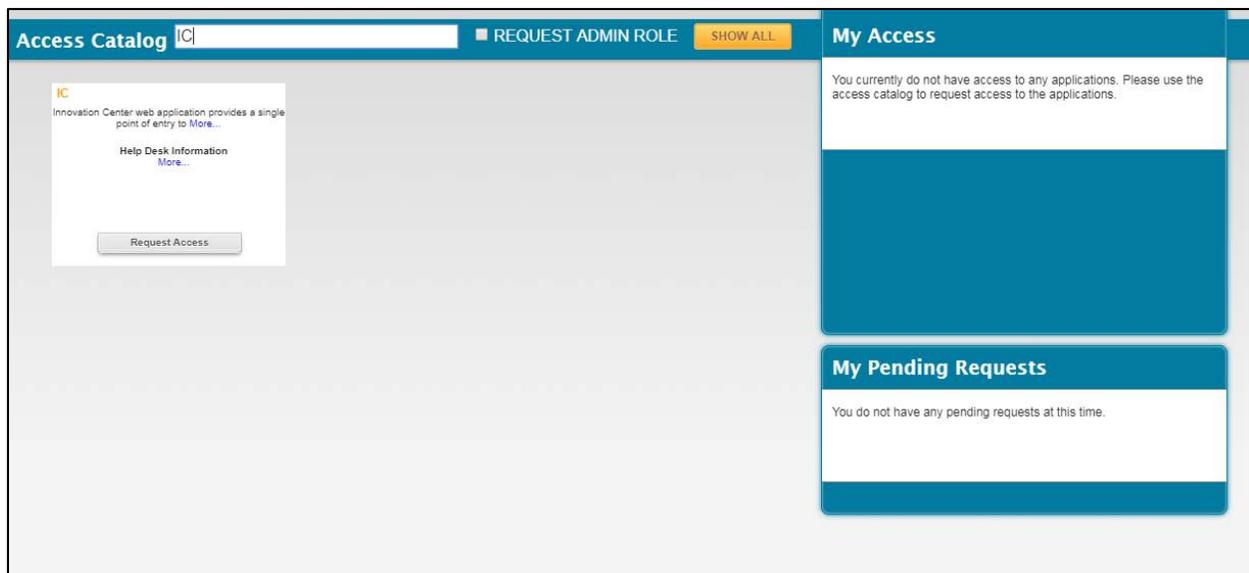


Figure 10: Access Catalog

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.

Figure 11: Request New System Access

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

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.

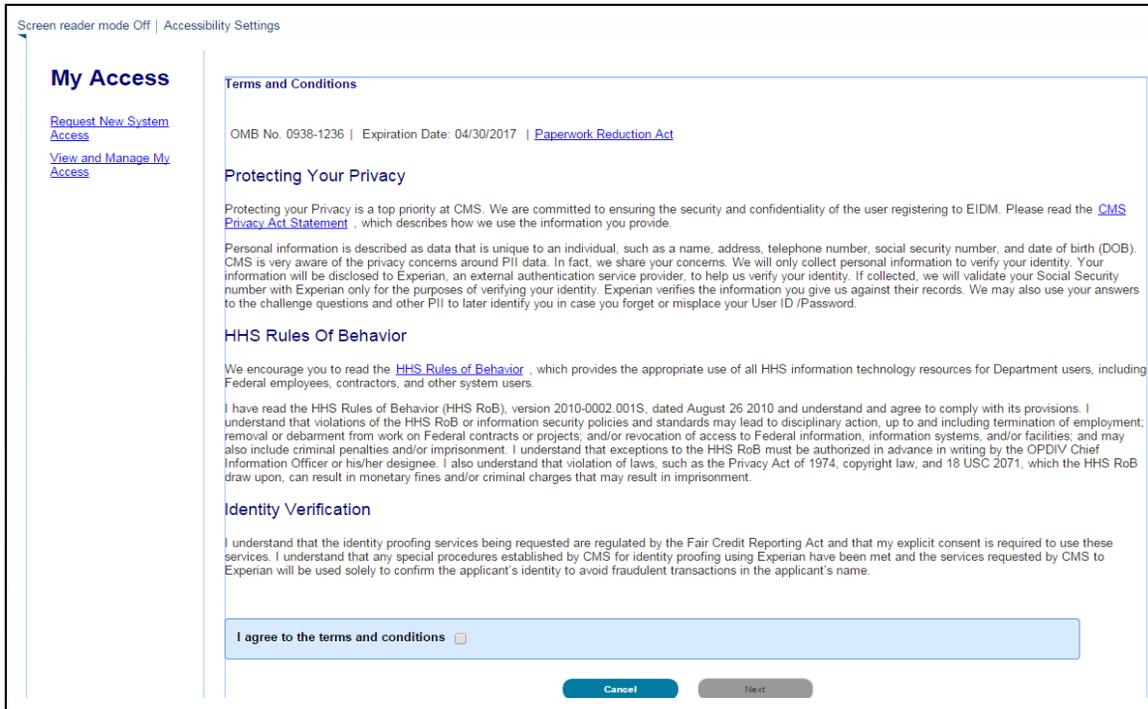


Figure 13: Terms and Conditions

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.

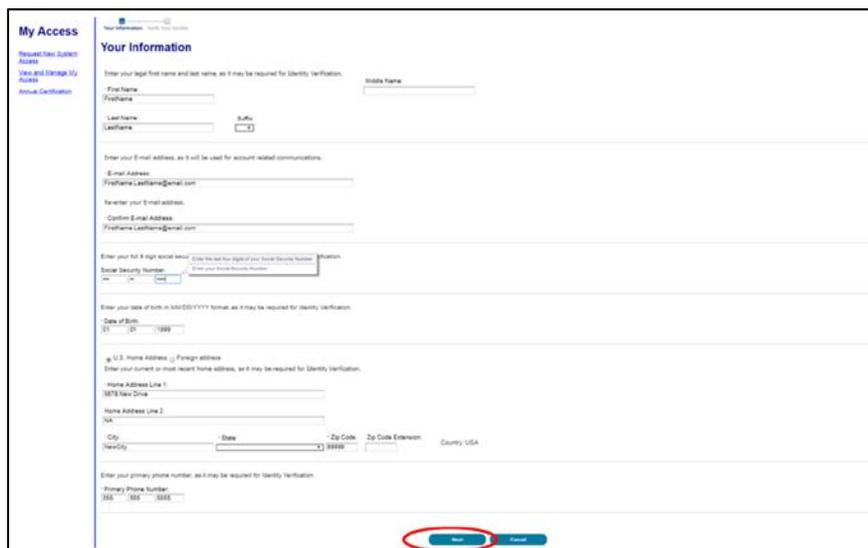


Figure 14: Your Information

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.

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)
[View and Manage My Access](#)

Verify Identity

Your Information Verify Your 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 THE ABOVE/DOES NOT APPLY.'

TOYOTA MOTOR CREDIT
 BMW FINANCIAL SERVICES
 HSBC BANK USA
 MB FIN SVCS
 NONE OF THE ABOVE/DOES NOT APPLY

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

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

You may have opened a (WFFNATBANK) credit card. Please select the year in which your account was opened.

2008
 2010
 2012
 2014
 NONE OF THE ABOVE/DOES NOT APPLY

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

LINCOLN SAVINGS BANK
 HOMETOWN BANK
 MERIDIAN TRUST FEDERAL CREDIT UNION
 FARMER'S DEPOSIT BANK
 NONE OF THE ABOVE/DOES NOT 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.'

HEALTHCARE ACADEMY
 NORTH AMERICAN COMMUNICATION
 UPS
 BEARS
 NONE OF THE ABOVE/DOES NOT APPLY

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.

CMS Portal > EIDM User Menu > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)
[View and Manage My Access](#)

Complete Step Up

You have successfully completed the Remote Identity Proofing process.

Figure 16: Complete Step Up

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

My Access

[Request New System Access](#)
[View and Manage My Access](#)

Multi-Factor Authentication Information

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'.

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 (<https://vip.symantec.com/>) 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.

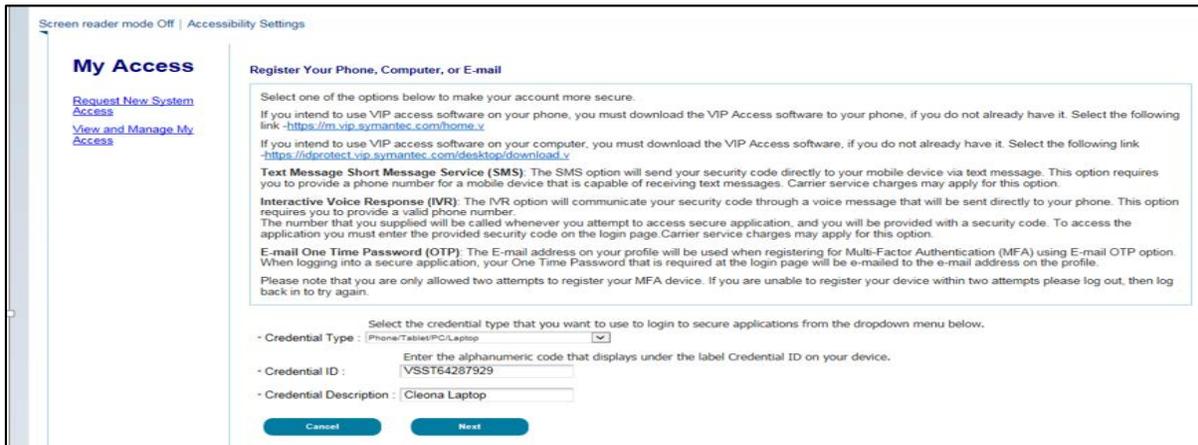


Figure 18: Register Your Phone, Computer, or E-mail

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

26. Select the **OK** button.



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.

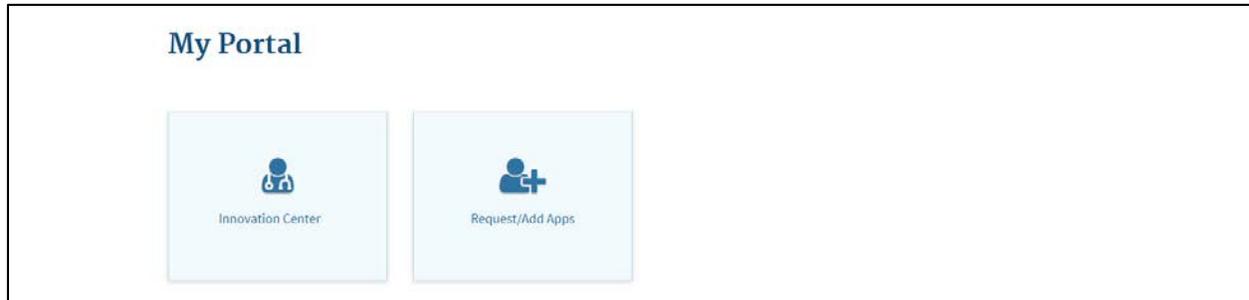


Figure 21: My Portal – Innovation Center

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** drop-down list.

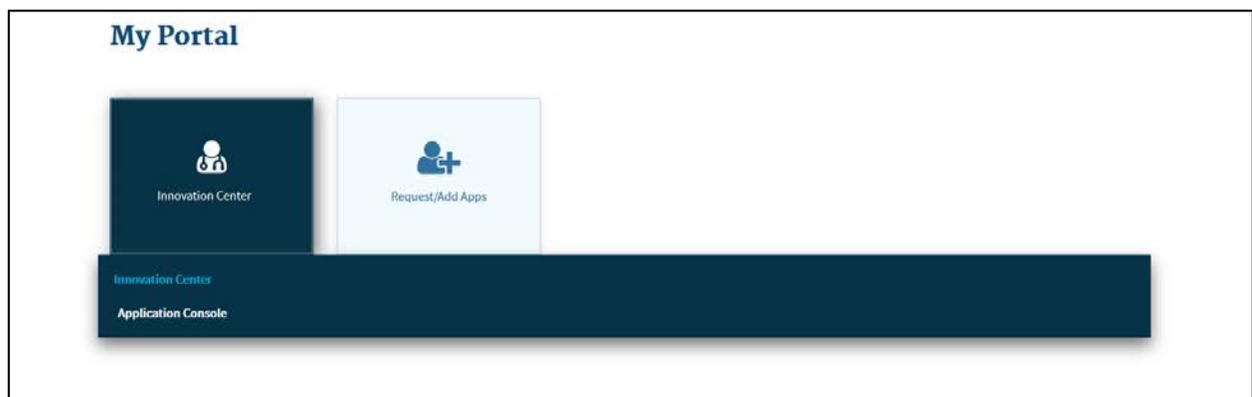


Figure 22: Innovation Center Menu

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



Figure 23: CMMI Request Access

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.

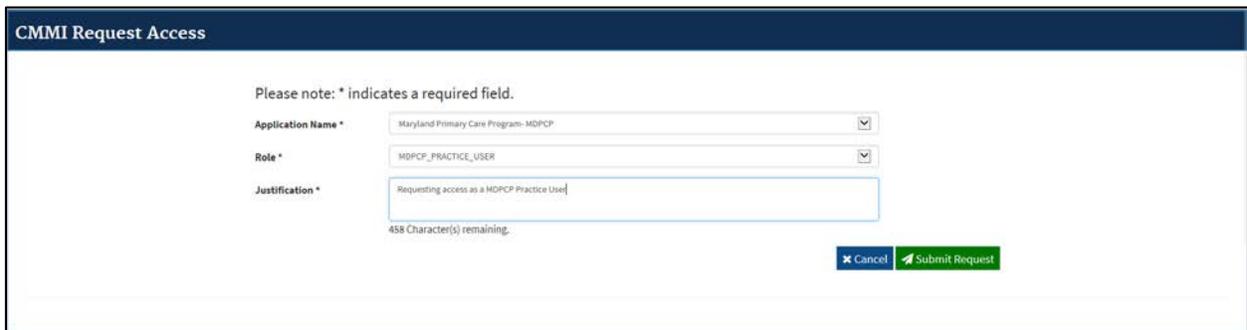


Figure 24: CMMI Request Access – Submit Request

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.



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.

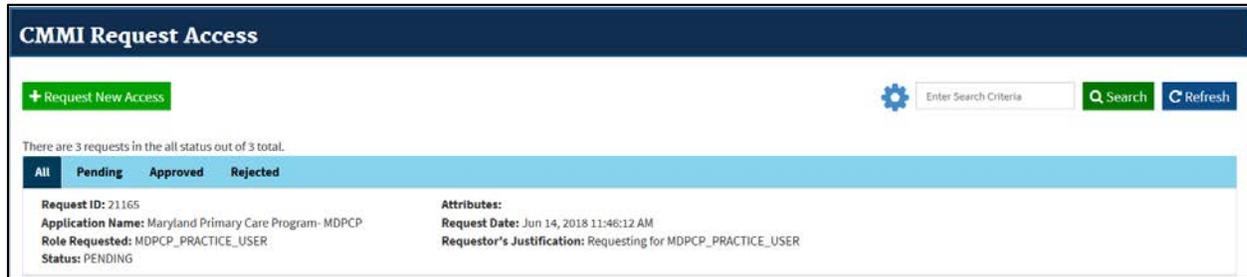


Figure 26: Pending Request – CMMI Request Access

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 <https://portal.cms.gov/>.
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.

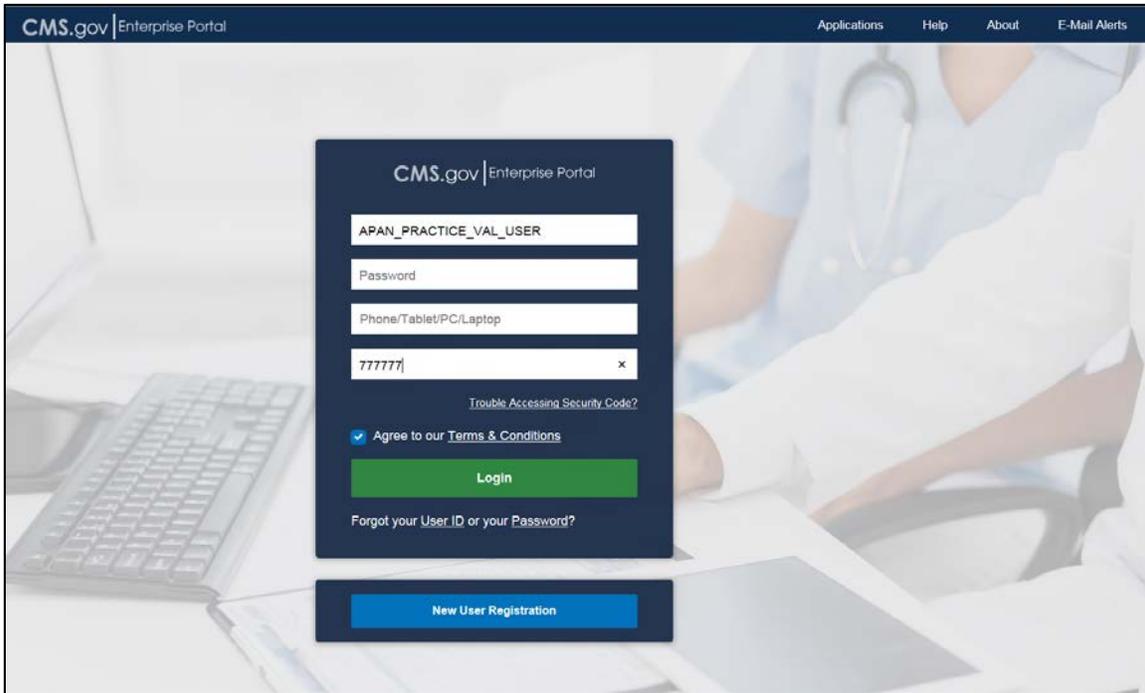


Figure 27: Portal Home – Login

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

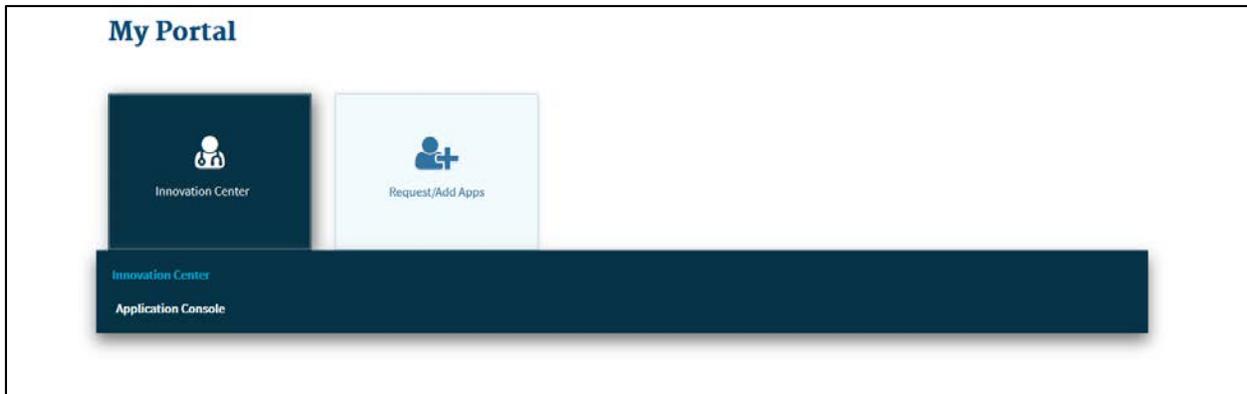


Figure 28: Innovation Center Menu

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.

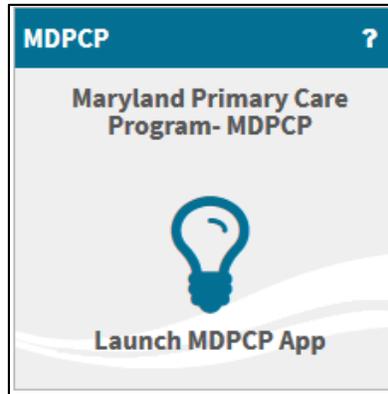


Figure 29: Launching MDPCP App

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	<p>Allows you to access one of the following modules with the associated sub-modules (tabs and sub-tabs):</p> <ul style="list-style-type: none"> • Home (default) <ul style="list-style-type: none"> ○ Practice Home • My Practice Info <ul style="list-style-type: none"> ○ Demographic Information ○ Practice Information ○ Composition ○ Request History ○ Documents • Practice Reporting <ul style="list-style-type: none"> ○ Overview ○ Function 1 ○ Function 2 ○ Function 3 ○ Function 4 ○ Function 5 ○ General ○ CTO Reporting • Payment & Attribution <ul style="list-style-type: none"> ○ Payment & Attribution • Resources <ul style="list-style-type: none"> ○ 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. Note: This feature will be available on all reporting pages after 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.



Figure 31: Confirmation Message

3.4.5.2 Warning Message

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



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.

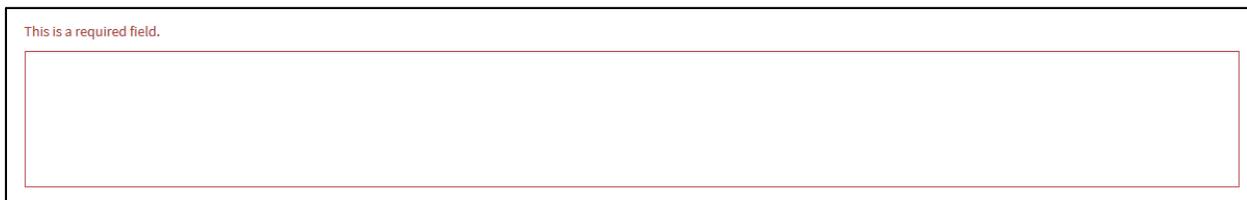


Figure 33: Error Message

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.

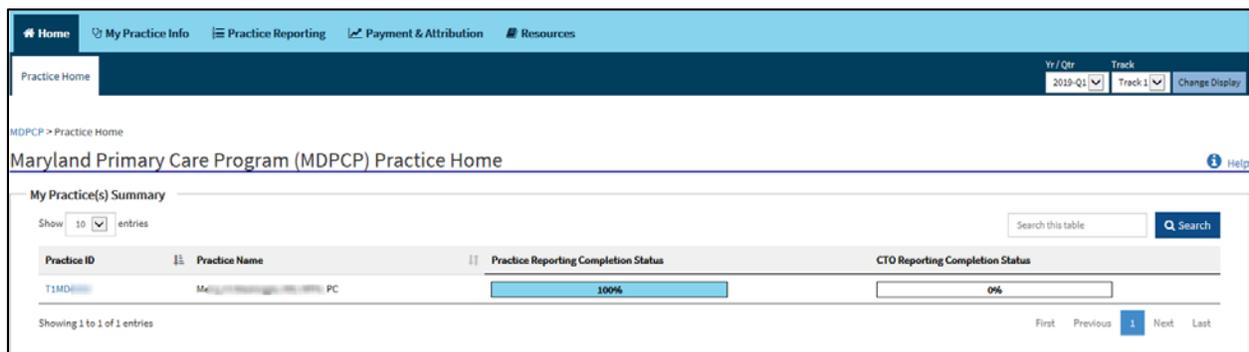


Figure 34: MDPCP Practice Home – My Practice(s) Summary

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.

Home
My Practice Info

Practice Reporting
Payment & Attribution

Resources

MDPCP > My Practice Info > Demographic Information > Demographic Information

Practice: MDPCP - Merit/Compagna/UMC/UMC Save Practice

Demographic Information

Update Information

Demographic Information

CTO ID - CTO Name CTO0001 - Merit/Compagna/UMC/UMC	Practice Name Merit A Obanogie, MD, MPH, PC	Practice DBA Name Merit A, Obanogie, MD
---	--	--

Street Address 1 7235 Hanover Parkway	Street Address 2 (Optional) Suite A	City GREENBELT	State MD
ZIP Code 20770 2624	Phone Number 301-245-5900	Ext. (Optional) 	Fax Number (Optional) 301-982-0404

Is your practice owned by another health care organization, such as a group practice, hospital or health system?
No

Who owns your practice? (select all that apply)

- Physicians in the practice
- Non-Physician Practitioners (Nurse Practitioners or Physician Assistants) in the practice
- Other, please specify:

Primary Contact

Prefix (Optional) Please Select	First Name Merit	Middle Name (Optional) 	Last Name Obanogie
Title/Position Physician	Phone Number 301-245-5900	Ext. (Optional) 	Alternative Phone Number (Optional)
Email obanogie@merit.com	Confirm Email 		

Secondary Contact (Optional)

Prefix (Optional) Please Select	First Name 	Middle Name (Optional) 	Last Name
Title/Position 	Phone Number 	Ext. (Optional) 	Alternative Phone Number (Optional)
Email 	Confirm Email 		

Clinical Leader Contact

Prefix (Optional) Please Select	First Name Merit	Middle Name (Optional) A.	Last Name Obanogie
Title/Position 	Phone Number 	Ext. (Optional) 	Alternative Phone Number (Optional)
Email 	Confirm Email 		

Health Information Technology Contact

Prefix (Optional) Please Select	First Name Abdul	Middle Name (Optional) 	Last Name Haqueb
Title/Position Strategic Account Manager	Phone Number 508-475-0400	Ext. (Optional) 30671	Alternative Phone Number (Optional)
Email ah@h.merit.com	Confirm Email 	Street Address 1 2 Technology Drive	Street Address 2 (Optional)
City Westborough	State MA	ZIP Code 01581	

CTO Contact (Optional)

Prefix (Optional) Please Select	First Name 	Middle Name (Optional) 	Last Name
Title/Position 	Phone Number 	Ext. (Optional) 	Alternative Phone Number (Optional)
Email 	Confirm Email 		

If you have any questions, please contact MDPCP helpdesk at 1-866-732-2666, option #1 or mary.janet@del.com.hhi.gov.

Save
Cancel
Print

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.

Home | My Practice Info | Practice Reporting | Payment & Attribution | Resources

Demographic Information | Practice Information | Composition | Request History | Documents

Track | Track 1 | Change Display

MDPCP > My Practice Info > Practice Information > Practice Information

Practice: TMDP | Switch Practice | Print | Help

Practice Information

[Update Information](#)

Health Information Technology Details

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

Vendor Name	Product Name	Product Version (Optional)	CMS EHR Certification ID (Optional)
eClinicalWorks	eClinicalWorks	10e	

Will your practice be using certified EHR technology by January 1, 2019? Yes

Please indicate your current level of connectivity with CRISP Tier 2

Organization Details

Website (Optional) Does your practice have satellite offices? No

The table below shows your Medicare Shared Savings Program Accountable Care Organization (ACO) status by program year, based on your practice's primary TIN.

Year	Status	ACO Name	ACO Taxpayer Identification Number (TIN)
2019	Standard (MDPCP-only)	Aledade Arkansas ACO, LLC	*****9486

[Hide](#)

Which statement best characterizes your practice (select all that apply)

- The practice is a single-specialty primary care practice
- The practice is a primary care practice with other integrated Practitioners, or is a multi-specialty practice
- The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company

Is your practice engaged in training future Practitioners and staff? Yes

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

Occasional rotating PA/NP students

Please select all organizations through which your practice has achieved Medical Home recognition

- National Committee for Quality Assurance (NCQA-PCMH)
- The Joint Commission (TJC), previously known as Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Accreditation Association for Ambulatory Healthcare (AAAHC-Triple A)
- Utilization Review Accreditation Commission (URAC)
- State-based Recognition Program
- Insurance Plan-based Recognition Program
- Other, please specify
- My practice does not have official certification or accreditation as a Medical Home.

Will your practice be participating in any of the Medicare or other initiatives below as of January 1, 2019? (Select all that apply)

- Transformation Clinical Practice Initiative (TCPi) - participation in learning activities
- TCPi - participation as part of a Practice Transformation Network or Support and Alignment Network
- Accountable Health Communities
- Advance Payment ACO Model
- Million Hearts Model
- Next Generation ACO Model
- ACO Investment Model (AIM)
- Other CMS shared savings program
- Other non-Medicare PCMH model
- None of the above

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2684, Option #7 or MarylandModel@cms.hhs.gov.

Please select the TIN Change button to request TIN changes. TIN Change

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.

Home
My Practice Info
Practice Reporting
Payment & Attribution
Resources

Demographic Information
Practice Information
Composition
Request History
Documents

MDPCP > My Practice Info > Practice Information > TIN Change Help

TIN Change

* indicates required field

Practice Information

Primary Contact Name: Mercy Obamogie Practice ID #: T1MDG000 Practice Name: Mercy A Obama (MD, MPH, PA)

TIN History

TIN#	Start Date	End Date	Status	TIN Type
*****5484	01/01/2018		Active	Primary

TIN Details

Select an action to identify the type of TIN change request *

Add a New TIN

New TIN *: Effective Date of TIN Change (MM/DD/YYYY) *:

Do you want to make the "New TIN" as Primary TIN? *

Yes
 No

Switch the Primary indicator for Active TIN
 Terminate an Active TIN

Please select all that apply from the following as the reason for the TIN change *

Incorrect TIN on application/provided to CMS
 Practice merger
 Practice split
 Practice has been acquired by the Parent owner (you will also need to provide segregation letter)
 Practice is offering primary care and another type of service (i.e. urgent care)
 Practice is part of a larger TIN that is applying to be a Medicare ACO or participate in other Medicare Shared Savings programs
 Other, please specify

Changes in TIN may also indicate other changes in the practice, such as banking information. The change of the TIN *

Will not change our banking information
 Necessitates changes in our banking information and will resubmit our banking information by completing the 588 form

Supporting Documentation (Optional)

Upload supporting document(s) to provide additional information or data for this request.

Existing Documents

Show: entries Search this table

File Name	Uploaded By	Date Uploaded	Download
No data available in table			

Showing 0 to 0 of 0 entries First Previous Next Last

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:

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

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.

Home My Practice Info Practice Reporting Payment & Attribution Resources

Demographic Information Practice Information Composition Request History Documents
Track 1 Change Display

MDPCP > My Practice Info > Composition > Composition

Practice: T1MD... SIB... LLC [Switch Practice](#)

Composition [Print](#) [Help](#)

[Update Information](#)

In order to ensure practices are receiving accurate care management fees, comprehensive primary care payments, performance based incentive payments, and keep MDPCP records current, we ask that you confirm your MDPCP practice site's composition on a regular basis. The MDPCP Practitioners below reflect our records as of today. These Practitioners are on record as being active in your MDPCP practice site location and are used to determine the care management fees, comprehensive primary care payments, and performance based incentive payments you receive for MDPCP.

You should verify the information below and confirm the status of the Practitioner(s) as active or withdrawn. In addition, if your practice has any new Practitioners added or withdrawn, that are not in the current roster, you should submit a request for approval by completing the associated forms.

Practice Composition

Identify your practice composition. Composition is associated with the number of Practitioners providing care at your MDPCP practice sites.

All Practitioners at my practice participate in MDPCP and are listed in the table below

In addition to the Practitioners listed in the table below, my practice has Practitioners who do not participate in MDPCP

Please indicate the number of Eligible Practitioners at your organization, as defined by MACRA, including those who are not primary care practitioners on your MDPCP roster. Eligible Practitioners will include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians. There are other requirements that determine whether a practitioner is an Eligible Practitioner that will be included in the MACRA Final Rule, which can be found at [Regulations.gov](#).

Total number of EPs at my practice:

Total number of EPs at my organization (if applicable):

Do any of the Primary Care Practitioners who practice at your site also practice at other locations?

Yes

No

Practitioner Roster

The training of residents and interns is integral to transforming primary care in Maryland. Please list all residents and interns who participate in MDPCP activities on the Practitioner Roster.

Show 10 entries Search this table [Search](#)

Practitioner Name	Primary Specialty	NPI	Practitioner Status	Employment Status	Estimated Weekly Hours	Date Withdrawn	Select
ARDITH A SCHAFFER	Internal/Adult Medicine	9620469435	Active	Full-Time			<input type="checkbox"/>
Jeremiah Luke	General Practice	6758495867	Pending Add	Full-Time	35		<input type="checkbox"/>
Olman Palosi	Internal/Adult Medicine	5875435895	Active	Full-Time	40		<input type="checkbox"/>
Ispesma majaro	Geriatric Medicine	7481768991	Incomplete Add	Full-Time	40		<input type="checkbox"/>

Showing 1 to 4 of 4 entries First Previous 1 Next Last

[Add](#) [Withdraw](#) [Export](#)

Staff Roster

Show 10 entries Search this table [Search](#)

Staff Name	Title/Position	Does this individual work in direct patient care?	Employment Status	Estimated Weekly Hours	Select
James DuBois	Care Manager/Care Coordinator	Yes	Full-Time	40	<input type="checkbox"/>
Paul Revenue	Practice Supervisor/Practice Manager	Yes	Full-Time	40	<input type="checkbox"/>
Tracey Banks	Care Manager/Care Coordinator	Yes	Full-Time	40	<input type="checkbox"/>

Showing 1 to 3 of 3 entries First Previous 1 Next Last

[Add](#) [Delete](#) [Export](#)

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:

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

[Save](#) [Clear](#) [Cancel](#)

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	<ol style="list-style-type: none"> 1. Select the Add button from the Practitioner Roster section. 2. The system navigates to the Add New Practitioner page. 3. 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	<ol style="list-style-type: none"> 1. Select the checkbox in the far right column of the table for the related practitioner. 2. Select the Withdraw button. 3. The system navigates to the Withdraw Practitioner page. 4. 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	<ol style="list-style-type: none"> 1. Select the related Practitioner Name hyperlink. 2. The system navigates to the Practitioner Information page. 3. 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	<ol style="list-style-type: none"> 1. Select the related Practitioner Name hyperlink. 2. The system navigates to the Practitioner Information page. 3. 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	<ol style="list-style-type: none"> 1. Select the related Practitioner Name hyperlink. 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 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 Incomplete Add or Incomplete Withdraw status	<ol style="list-style-type: none"> 1. Select the related Practitioner Name hyperlink. 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.

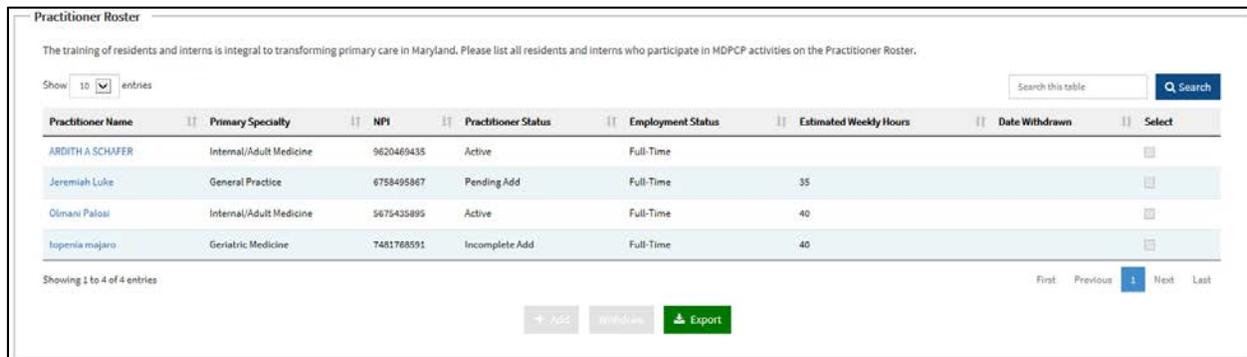


Figure 39: Practitioner Roster

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:

Table 4: StaffRoster Actions

If You Want To ...	Then ...
View Staff information	<ol style="list-style-type: none"> 1. Select the related Staff Name hyperlink. 2. The system navigates to the Staff Information page. 3. Refer to Section 4.2.3.5 for actions you can execute on the Staff Information page.
Edit Staff information	<ol style="list-style-type: none"> 1. Select the related Staff Name hyperlink. 2. The system navigates to the Staff Information page. 3. Refer to Section 4.2.3.5 for actions you can execute on the Staff Information page.
Add a New Staff member	<ol style="list-style-type: none"> 1. Select the Add button. 2. The system navigates to the Add New Staff page. 3. Refer to Section 4.2.3.4 for actions you can execute on the Add New Staff page.

If You Want To ...	Then ...
Delete an existing Staff member	<ol style="list-style-type: none"> 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.

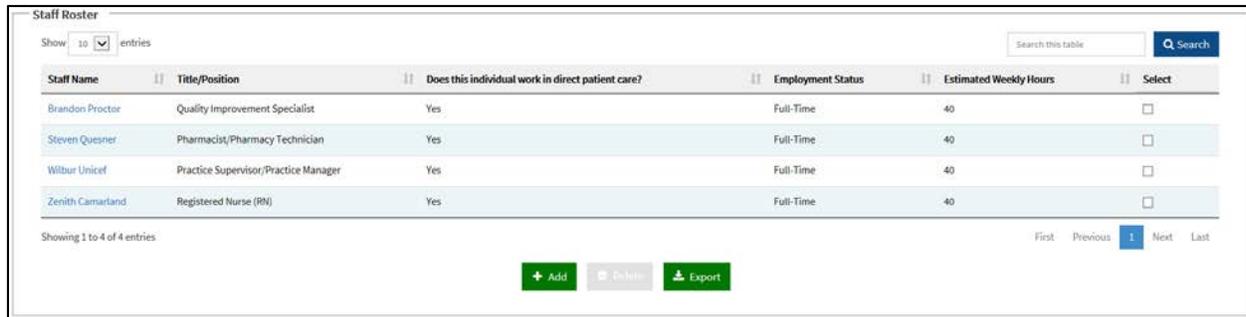


Figure 40: Staff Roster

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.

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.

MDPCP > My Practice Info > Composition > Practitioner Information

Practitioner Information Print Help

[Update Information](#)

Practitioners include Physicians (MD or DO), Clinical Nurse Specialist and Nurse Practitioners (APRNs), and/or Physician Assistants (PAs) in your practice who use the same TIN and practice at the same location.

Practice Information

Primary Contact Name: Mercy Obamogie | Practice ID #: T111111110 | Practice Name: Mercy Obamogie, MD, PC

Practitioner Details

Prefix (Optional): Please Select | First Name: Manny | Middle Name (Optional): | Last Name: Bamidele

Individual National Provider ID (NPI): 7539514588 | Email (Optional): mbamidele@careforpeople.com | Is this Practitioner a resident or intern?: No

Practitioner Type: Clinical Nurse Specialist or Nurse Practitioner | Primary Specialty: Geriatric Medicine | Employment Status: Full-Time | Estimated Weekly Hours: 40

Is this Practitioner also practicing at another site?: No

Maryland Board of Physicians License Number: X259356874 | Has this Practitioner billed Medicare under a different TIN since January 1, 2013?: No

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

Save Cancel Back

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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MDPCP > My Practice Info > Composition > Withdraw Practitioner

Withdraw Practitioner Help

* Indicates required field

Practice Information

Primary Contact Name <input type="text" value="Mercy Obamogie"/>	Practice ID # <input type="text" value="T1MD0000"/>	Practice Name <input type="text" value="Mercy Obamogie, MD, MPH, PC"/>
---	--	---

Practitioner Details

Prefix (Optional) <input type="text"/>	First Name <input type="text" value="Manny"/>	Middle Name (Optional) <input type="text"/>	Last Name <input type="text" value="Bamidele"/>	Individual National Provider ID (NPI) <input type="text" value="7539514568"/>
Maryland Board of Physicians License Number <input type="text" value="X259356874"/>				

Withdrawal Information

Effective Date of departure from practice site (MM/DD/YYYY) *

Please select one of the following as the reason for the Practitioner to leave the practice *

Changes in Practitioners may also indicate other changes in the practice, banking information. The departure of this Practitioner: *

Will not change our banking information

Necessitates changes in our banking information and will resubmit our banking information by completing the 588 form

Supporting Documentation (Optional)

Upload supporting document(s) to provide additional information or data for this request

Existing Documents

Show entries

File Name	Uploaded By	Date Uploaded	Download
No data available in table			

Showing 0 to 0 of 0 entries First Previous Next Last

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge. *

First Name * <input type="text" value="Jane"/>	Last Name * <input type="text" value="Doe"/>	Position with MDPCP Practice Site * <input type="text" value="MDPCP Site Coordinator"/>	System Generated Date <input type="text"/>
---	---	--	---

Figure 43: Withdraw Practitioner

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.

MDPCP > My Practice Info > Composition > Staff Information

Staff Information Print Help

[Update Information](#)

Practice staff information is being requested to allow the MDCPC team to plan and design learning support and conduct a practice staff survey as required by CMS. The information you provide in this form will be used by the learning and diffusion contractor(s), the subcontractor(s) who will provide support to practices, the evaluator, and the MDCPC program team internally, only for the purposes of the MDCPC model and its evaluation. This information will not be shared or disseminated to others.

Practice Information

Primary Contact Name: Mercy Obamogie Practice ID #: TIME Practice Name: Mercy Obamogie, MD, MPH, PC

Staff Details

Prefix (Optional): Please Select First Name: Peggy Middle Name (Optional): Last Name: Parcel

Email: pparcel@careforpeoplefirst.com Does the individual work in direct patient care?: Yes Title/Position: Pharmacist/Pharmacy Technician

Employment Status: Full-Time Estimated Weekly Hours: 40

If you have any questions, please contact MDCPC Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

Save Clear Back

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.
2. Open/Save the **T#MD####_PracticeRequestHistory_YYYY_MM_DD** in Excel file format.

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

The screenshot shows the 'Practice Request History' page. The navigation bar includes 'Home', 'My Practice Info', 'Practice Reporting', 'Payment & Attribution', and 'Resources'. The sub-navigation includes 'Demographic Information', 'Practice Information', 'Composition', 'Request History', and 'Documents'. The page title is 'Practice Request History'. Below the title, there is a search bar and a 'Search' button. The table below has the following data:

Request ID	Request Type	Request Reference	Requester	Request Date	Request Status
3246	Request for Extension or Correction	Year-Qtr: 2019-Q1, Request Type: Data Correction	Amit Pandey	12/03/2018 04:00 PM	Pending
3239	Withdraw Practitioner	Obamogie, Mercy/Changed practice location	Amit Pandey	11/29/2018 12:01 PM	Approved
3238	Add New Practitioner	Garnett, Rachel/Internal/Adult Medicine	Amit Pandey	11/29/2018 11:54 AM	Pending
3237	Add New Staff	Parcel, Peggy/Pharmacist/Pharmacy Technician	Amit Pandey	11/29/2018 11:39 AM	Completed
3236	Add New Staff	Kellogg, Arnold/Health Educator	Amit Pandey	11/29/2018 11:37 AM	Completed
3235	Add New Practitioner	Bamidele, Manny/Geriatric Medicine	Amit Pandey	11/29/2018 11:36 AM	Approved
3226	TIN Change	Add a New TIN	Amit Pandey	11/27/2018 03:50 PM	Pending

At the bottom of the table, there is a green 'Export' button.

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	<ul style="list-style-type: none"> • View request details. • Add a remark in the Request Notes section.
Incomplete	<ul style="list-style-type: none"> • View request details. • Edit practitioner details by selecting the Update Information hyperlink. • Add a remark to the Request Notes field.
Approved or Rejected	<ul style="list-style-type: none"> • View request details.

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MDPCP > My Practice Info > Request History > Add New Practitioner - Request ID 3238

Add New Practitioner - Request ID 3238

Practice Information

Primary Contact Name: Mercy Obamgbo Practice ID #: TINO Practice Name: Mercy A Obamgbo, MD - 085, MD

Practitioner Details

Prefix (Optional): Please Select First Name: Rachel Middle Name (Optional): Last Name: Garnett

Individual National Provider ID (NPI): 1364798522 Email (Optional): rgarnett@careforpeoplefirst.com Effective Date of joining practice (MM/DD/YYYY): 11/29/2018

Is this Practitioner a resident or intern?: Yes Practitioner Type: Physician (MD or DO) Primary Specialty: Internal/Adult Medicine

Employment Status: Full-Time Estimated Weekly Hours: 40 Is this Practitioner also practicing at another site?: No

Maryland Board of Physicians License Number: XQ32425263

Please identify the reason(s) for adding this Practitioner (select all that apply):

- Replacement of a Practitioner leaving this practice
- Temporary coverage (Locum Tenens) of existing Practitioner at a MDPCP practice (e.g., extended leave/maternity leave/illness)
- Support practice's capacity to see new primary care patients
- Redistribute practice's current primary care caseload
- The Practitioner brings special skills to help the practice meet the MDPCP work (e.g., care management, provision of additional types of primary care services, social service coordination, behavioral health, data analytics)
- Other, please specify: _____

Estimate the anticipated number of new Medicare fee-for-service beneficiaries the practice will gain as a result of adding the new Practitioner: 24

Does this Practitioner charge concierge fees for primary care services?

Yes - Charging concierge fees for primary care based services is prohibited in the MDPCP Model. Please contact MDPCP Support to discuss this issue

No

Has this Practitioner billed Medicare under a different TIN since January 1, 2013? No

Supporting Documentation (Optional)

Upload supporting document(s) to provide additional information or data for this request

Upload files:

Existing Documents

Show: 10 entries Search this table:

File Name	Uploaded By	Date Uploaded	Download
No data available in table			

Showing 0 to 0 of 0 entries First Previous Next Last

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name: Jane Last Name: Doe Position with MDPCP Practice Site: Practice Site Coordinator System Generated Date: 11/29/2018 11:54:33 AM

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

Request Notes

Review feedback provided in the table below. Respond by selecting Add Remark beneath the table and input the remarks and select "Save" when done.

Show: 10 entries Search this table:

Date Created	Creator	Request Status	Remarks
11/29/2018 11:54 AM	Amit Pandey	Pending	Request Submitted

Showing 1 to 1 of 1 entries First Previous Next Last

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	<ul style="list-style-type: none"> • View request details. • Add a remark in the Request Notes section.
Incomplete	<ul style="list-style-type: none"> • View request details. • Edit Withdrawal Information by selecting the Update Information hyperlink. • Add a remark to the Request Notes field.
Approved or Rejected	<ul style="list-style-type: none"> • View request details.

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MDPCP > My Practice Info > Request History > Withdraw Practitioner - Request ID 3239

Withdraw Practitioner - Request ID 3239

Practice Information

Primary Contact Name Mercy Obamogie	Practice ID # TIM	Practice Name Mercy (Baltimore, MD - 4475, US)
--	----------------------	---

Practitioner Details

Prefix (Optional)	First Name Mercy	Middle Name (Optional) A	Last Name Obamogie	Individual National Provider ID (NPI) 1114062775
Maryland Board of Physicians License Number D0032657				

Withdrawal Information

Effective Date of departure from practice site (MM/DD/YYYY)
11/29/2018

Please select one of the following as the reason for the Practitioner to leave the practice
Changed practice location

Changes in Practitioners may also indicate other changes in the practice, banking information. The departure of this Practitioner:

Will not change our banking information

Necessitates changes in our banking information and will resubmit our banking information by completing the 588 form

Supporting Documentation (Optional)

Upload supporting document(s) to provide additional information or data for this request

Existing Documents

Show 10 entries

File Name	Uploaded By	Date Uploaded	Download
No data available in table			

Showing 0 to 0 of 0 entries

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name Jane	Last Name Doe	Position with MDPCP Practice Site Practice Site Coordinator	System Generated Date 11/29/2018 12:01:22 PM
--------------------	------------------	--	---

Request Notes

Review feedback provided in the table below. Respond by selecting Add Remark beneath the table and input the remarks and select "Save" when done.

Show 10 entries

Date Created	Creator	Request Status	Remarks
11/29/2018 12:20 PM	Amit Pandey	Approved	Review feedback provided in the table below. Respond by selecting Add Remark beneath the table and input the remarks and select "Save" when done.
11/29/2018 12:01 PM	Amit Pandey	Pending	Request Submitted

Showing 1 to 2 of 2 entries

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.

MDPCP > My Practice Info > Request History > Add New Staff - Request ID 3237

Add New Staff - Request ID 3237

Practice staff information is being requested to allow the MDPCP team to plan and design learning support and conduct a practice staff survey as required by CMS. The information you provide in this form will be used by the learning and diffusion contractor(s), the subcontractor(s) who will provide support to practices, the evaluator, and the MDPCP program team internally, only for the purposes of the MDPCP model and its evaluation. This information will not be shared or disseminated to others.

Practice Information

Primary Contact Name: Melissa George | Practice ID #: TIMD61888 | Practice Name: Mercy A Obamogie, MD, MPH, PC

Staff Details

Prefix (Optional): Please Select | First Name: Peggy | Middle Name (Optional): | Last Name: Parcel
 Email: pparcel@careforpeoplefirst.com | Does the individual work in direct patient care?: Yes | Title/Position: Pharmacist/Pharmacy Technician
 Employment Status: Full-Time | Estimated Weekly Hours: 40

Confirmation

I have reviewed the practice information above and certify that it is accurate to the best of my knowledge.

First Name: Jane | Last Name: Doe | Position with MDPCP Practice Site: Practice Site | System Generated Date: 11/29/2018 11:39:16 AM

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

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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	<ul style="list-style-type: none"> View request details.

MDPCP > My Practice Info > Request History > Delete Staff Request ID - 3272

Delete Staff Request ID - 3272 Print Help

Practice staff information is being requested to allow the MDPCCP team to plan and design learning support and conduct a practice staff survey as required by CMS. The information you provide in this form will be used by the learning and diffusion contractor(s), the subcontractor(s) who will provide support to practices, the evaluator, and the MDPCCP program team internally, only for the purposes of the MDPCCP model and its evaluation. This information will not be shared or disseminated to others.

Practice Information

Primary Contact Name: Mercy Obamogie | Practice ID #: T1MD | Practice Name: Mercy Obamogie MD, MPH, PC

Staff Details

Prefix (Optional): Mr. | First Name: Arnold | Middle Name (Optional): | Last Name: Kellogg

Email: akellogg@careforpeople.com | Does the individual work in direct patient care?: Yes | Title/Position: Health Educator

Employment Status: Part-Time | Estimated Weekly Hours: 25

If you have any questions, please contact MDPCCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

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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	<ol style="list-style-type: none"> 1. View request details. 2. Add a remark to the Request Notes section.
Incomplete	<ol style="list-style-type: none"> 1. View request details. 2. Edit TIN Change Details by selecting the Update Information hyperlink. 3. Add a remark in the Request Notes section.
Approved or Rejected	<ol style="list-style-type: none"> 1. View request details.

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Request History | Documents

MDPCP > My Practice Info > Request History > TIN Change - Request ID 3226

TIN Change - Request ID 3226

Practice Information

Primary Contact Name Mary Stoenigle	Practice ID # T1M00000	Practice Name Mary Stoenigle, MD, MPH, PC
--	---------------------------	--

TIN History

TIN	Start Date	End Date	Status	TIN Type
*****5454	01/01/2019		Active	Primary

TIN Details

Select an action to identify the type of TIN change request

Add a New TIN

New TIN *****5124	Effective Date of TIN Change (MM/DD/YYYY) 11/27/2018
----------------------	---

Do you want to make the "New TIN" as Primary TIN?

Yes

No

Switch the Primary indicator for Active TIN

Terminate an Active TIN

Please select all that apply from the following as the reason for the TIN change

Incorrect TIN on application/provided to CMS

Practice merger

Practice split

Practice has been acquired by the Parent owner (you will also need to provide segregation letter)

Practice is offering primary care and another type of service (i.e. urgent care)

Practice is part of a larger TIN that is applying to be a Medicare ACO or participate in other Medicare Shared Savings programs

Other, please specify

Changes in TIN may also indicate other changes in the practice, such as banking information. The change of the TIN

Will not change our banking information

Necessitates changes in our banking information and will resubmit our banking information by completing the 588 form

Supporting Documentation (Optional)

Upload supporting document(s) to provide additional information or data for this request

Existing Documents

Show 10 entries Search this table

File Name	Uploaded By	Date Uploaded	Download
No data available in table			

Showing 0 to 0 of 0 entries First Previous Next Last

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name Jane	Last Name Doe	Position with MDPCP Practice Site MDPCP Practice Site Coordinator	System Generated Date 11/27/2018 3:50:13 PM
--------------------	------------------	--	--

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

Request Notes

Review feedback provided in the table below. Respond by selecting Add Remark beneath the table and input the remarks and select "Save" when done.

Show 10 entries Search this table

Date Created	Creator	Request Status	Remarks
11/27/2018 03:50 PM	Amit Pandey	Pending	Request Submitted

Showing 1 to 1 of 1 entries First Previous Next Last

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	<ol style="list-style-type: none"> 1. View request details. 2. Add a remark to Request Notes.
Incomplete	<ol style="list-style-type: none"> 1. View request details. 2. Edit Request for Extension or Correction Details by selecting Update Information. 3. Add a remark to Request Notes.
Approved or Rejected	<ol style="list-style-type: none"> 1. View request details.

MDPCP > Practice Reporting > Overview > Request For Extension or Correction

Request for Extension or Correction

Request for Extension or Correction Details

Primary Contact Name: Mercy Obamogie | Practice ID: T11 | Practice Name: Mercy Obamogie, MD - 0754, PC

Program Year-Quarter: 2019-Q1 | Request Type: Correction

From Date: 11/28/2018 | To Date: 06/14/2019

Reason for Extension or Correction:
 Our Practice in Howard County need an extension for three practices.
1932 Characters Remaining.

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name: Jane | Last Name: Doe | Position with MDPCP Practice Site: Site Coordinator | System Generated Date: [Blank]

[Save](#) [Clear](#) [Back](#)

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.

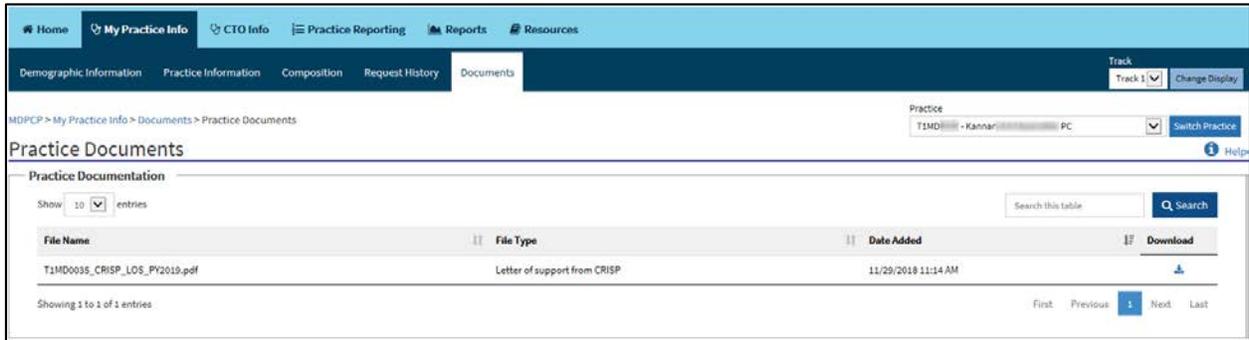


Figure 53: Practice Documents

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.

Home | My Practice Info | **Practice Reporting** | Payment & Attribution | Resources

Overview | Function 1 | Function 2 | Function 3 | Function 4 | Function 5 | General | CTO Reporting
Yr / Qtr: 2019-Q1 | Track: Track 1 | [Change Display](#)

MDPCP > Practice Reporting > Overview > Overview Practice: T1MD - [Practice Name], MD, MPH, PC [Switch Practice](#)

Message: Practice Reporting submission for Quarter 1 is available from October 01, 2018 to January 01, 2019.

Overview

Practice Reporting Progress Summary

Legend: ● Completed ● In Progress ● Not Started

Function 1: Access and Continuity	Status: Completed 100%
1.1: Empowerment	●
1.2: 24/7 Access	●
1.3: Continuity of Care	●
1.4: Enhanced Access and Communication	●
Print	
Function 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	●
Print	
Function 3: Comprehensiveness and Coordination	Status: Completed 100%
3.1: 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	●
3.4.1: Coordinating with Social Service Resources	●
Print	
Function 4: Beneficiary and Caregiver Engagement	Status: Completed 100%
4.1: Engaging Beneficiaries and Caregivers in Your Practice	●
4.2: Self-Management Support for Selected Conditions	●
Print	
Function 5: Planned Care for Health Outcomes	Status: Completed 100%
5.1: Team-Based Care	●
Print	
General: Practice Reporting Information	Status: Completed 100%
General Information	●

Request for Extension or Correction

You may request an extension or a data correction using this button. The submission period dates are indicated below for your reference. Approval for both late submissions and data corrections will be granted on a case-by-case basis. You can view the status of your request in the "Request History" tab in "My Practice Info."

Late Submission
The Request for Extension for late submission for Quarter 1 is available from 11/22/2018 to 11/27/2018.

Data Correction
The Request for Extension for data correction for Quarter 1 is available from 11/28/2018 to 06/14/2019.

[Request for Extension or Correction](#)

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**.

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 **Empanelment** 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.

The screenshot shows the 'Empanelment' form in the MDPCP system. The form is divided into several sections:

- Update Information:**
 - Question: "Do you primarily empanel beneficiaries by practitioner (i.e., each MD, DO, PA, or NP) or by care team (i.e., practitioner-led teams)?"
 - Practitioner
 - Care Team
 - Question: "What is your active beneficiary lookback period?"
 - Less than one year
 - 1-2 years
 - More than two years
 - Empanelment Status Table:**

Empanelment Status	Quarter 1
Number of panels at your practice	24
Total number of attributed beneficiaries empaneled with a practitioner or care team at your practice	100
Total number of attributed beneficiaries at your practice	150
% of beneficiaries empaneled	66.67 %
- CTO - Practice Assistance:**
 - Question: "Did you receive assistance from your partner CTO?"
 - Yes
 - No
 - Question: "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)
 - CTO Care Manager (i.e., LCSW)
 - Other, please specify: _____
 - Optional field: "CTO Practitioner provided assistance" (text area)
- Additional Practice Assistance:**
 - Question: "Did you receive assistance from a state Practice Coach?"
 - Yes
 - No
 - Optional field: "We used State Practice Coach" (text area)
 - Question: "Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?"
 - Yes
 - No
 - Optional field: "We used consultants" (text area)

A green "Next" button is located at the bottom right of the form.

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.

The screenshot shows the '24/7 Access' form within the MDPCP system. The navigation bar at the top includes 'Home', 'My Practice Info', 'Practice Reporting', 'Payment & Attribution', and 'Resources'. The breadcrumb trail is 'MDPCP > Practice Reporting > Function 1 > 24/7 Access'. The form is divided into three main sections:

- Update Information:** Contains two radio button questions:
 - Does a clinician or care team member from your practice site usually provide 24/7 coverage? (Options: 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? (Options: Yes; No)
- CTO - Practice Assistance:** Contains a radio button question: 'Did you receive assistance from your partner CTO?' (Options: Yes; No). Below this is a list of roles for partner CTO assistance:
 - CTO Practitioner (i.e., MD, DO, NP, PA)
 - CTO Clinical Staff (i.e., RN, LPN)
 - CTO Care Manager (i.e., LCSW)
 - Other, please specify: _____
- Additional Practice Assistance:** Contains two radio button questions:
 - Did you receive assistance from a state Practice Coach? (Options: Yes; No)
 - Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)? (Options: Yes; No)

At the bottom of the form, there are 'Previous' and 'Next' buttons.

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.

The screenshot shows the 'Continuity of Care' page in the MDPCP system. The page is titled 'Continuity of Care' and is part of the 'Practice Reporting' section. The page is divided into three main sections:

- Update Information:** This section asks 'Do you track continuity of care (in terms of how often beneficiaries see the practitioner or care team to which they are empaneled) for your beneficiaries?'. It has radio buttons for 'Yes' and 'No'. Below this, it asks 'What system(s) do you primarily use to track continuity of care? (Select all that apply)'. There are checkboxes for 'EHR', 'Electronic practice management systems (e.g., appointment scheduling system)', and 'Other, please specify' with a text input field.
- CTO - Practice Assistance:** This section asks 'Did you receive assistance from your partner CTO?'. It has radio buttons for 'Yes' and 'No'. Below this, it asks 'Who in your partner CTO provided assistance? (Select all that apply)'. There are checkboxes for 'CTO Practitioner (i.e., MD, DO, NP, PA)', 'CTO Clinical Staff (i.e., RN, LPN)', and 'CTO Care Manager (i.e., LCSW)', along with an 'Other, please specify' text input field.
- Additional Practice Assistance:** This section asks 'Did you receive assistance from a state Practice Coach?'. It has radio buttons for 'Yes' and 'No'. Below this, it asks 'Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?'. It has radio buttons for 'Yes' and 'No'.

At the bottom of the page, there are 'Previous' and 'Next' buttons.

Figure 58: Continuity of Care

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.

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.

Home My Practice Info Practice Reporting Payment & Attribution Resources

Overview Function 1 Function 2 Function 3 Function 4 Function 5 General CTO Reporting

Y1/Qtr: 2019-Q1 Track Track 1 Change Display

Practice: TLM000 - Medical Group - MPH, PC Switch Practice

MDPCP > Practice Reporting > Function 2 > Risk Stratification

Care Management

2.1 Risk Stratification

2.2 Identifying Beneficiaries for Care Mgmt

2.3 Care Mgmt Staffing

2.5 Identifying Hospitals & EDs

2.5.1 Beneficiary Follow-up - Hospital and ED

Risk Stratification

Update Information

Do you risk stratify your empaneled beneficiaries?

Yes

No, we do not risk stratify our beneficiaries

What type of risk stratification does your practice use for empaneled beneficiaries?

Data-driven algorithm only

Intuition only

Two-step

Other, please specify:

What factors are included in your **data-driven algorithm** for risk stratifying your beneficiaries? (Select all that apply)

We do not use a data-driven algorithm as part of our risk stratification

Claims variables

Clinical variables from the EHR

Computed risk scores (e.g., CMS-HCC scores or risk scores from other payers)

Other, please specify:

What factors do you consider when using **care team/clinical intuition** to stratify your beneficiaries? Do not include factors included in your data-driven algorithm. (Select all that apply)

We do not use the care team's perception as part of our risk stratification

Health-Related Social needs

Behavioral health needs

Clinical factors

Other, please specify:

What prompts reassessment of a beneficiary's risk stratification assignment?

We do not reassess the risk stratification of our beneficiaries

Only as needed, or we do not have a protocol in place

Pre-specified clinical events (e.g., new diagnosis, hospitalization)

Automatically updated when new information is in the health IT or EHR platform

Schedule-driven protocol

Other, please specify:

Is risk stratification integrated within your EHR or health IT system?

Yes

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., MD, DO, NP, PA)

CTO Clinical Staff (i.e., RN, LPN)

CTO Care Manager (i.e., LCSW)

Other, please 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?

Yes

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 not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Next

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.

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.

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.

Care Management Staffing

Update Information

What type of clinician and staff at your practice have **primarily** responsible for each of the following care management and coordination activities? **Select all the activities that apply in your practice!**

Activities	Name	Practice Roles (i.e., MD, DO, NP, PA)	Clinical Settings (i.e., INP, LTR)	Care Management (CCM)	Other, please specify
Developing and monitoring care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other, please specify
Assessing and reassessing beneficiary risk status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please specify
Providing beneficiary education and self-management support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please specify
Resolve medication reconciliation at scheduled visits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please specify
Medication reconciliation during transitions of care (hospital, ED discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please specify
Management of care transitions (hospital, ED discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other, please specify
Coordinating and communicating with specialty care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please specify
Navigating beneficiaries to community and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other, please specify

CTO Practice Assistance

Did you receive assistance from your partner CTO?

Yes

Who is your partner CTO providing assistance? (Select all that apply)

CTO Practitioner (i.e., MD, DO, NP, PA)

CTO Clinical Staff (i.e., RN, LTR)

CTO Care Manager (i.e., LAL, CCM)

Other, please 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?

Yes

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 transition requirements from an outside contractor or consultant? (This does not include your partner CTO, if associated)

Yes

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 62: Care Management Staffing

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.

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

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.

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.

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

The screenshot displays the 'Coordinated Referral Management with Specialists' form within the MDCPCP Practice Reporting system. The interface features a top navigation bar with tabs for Home, My Practice Info, Practice Reporting, Payment & Attribution, and Resources. Below this is a secondary navigation bar with tabs for Overview, Function 1, Function 2, Function 3 (selected), Function 4, Function 5, General, and CTO Reporting. The main content area is titled 'Coordinated Referral Management with Specialists' and includes a 'Switch Practice' button. A left-hand sidebar lists navigation options under 'Comprehensiveness and Coordination', with '3.1 Coordinated Referral Mgmt with Specialists' selected. The main form is divided into several sections: 'Update Information' with a descriptive instruction and a checkbox for 'We have not established coordinated referral management with any of these specialists'; 'Specialists' with a list of medical specialties and checkboxes for selection; 'CTO - Practice Assistance' with a 'Yes' radio button selected, a list of roles for CTO assistance, and an optional text field; and 'Additional Practice Assistance' with a 'Yes' radio button selected, an optional text field, and a second 'Yes' radio button selected for assistance in meeting care transformation requirements, also with an optional text field. A green 'Next' button is positioned at the bottom right of the form.

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.

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 | **Practice Reporting** | Payment & Attribution | Resources
Y / Qtr: 2019-Q4 | Track: Track 1 | Change Display

Overview | Function 1 | Function 2 | **Function 3** | Function 4 | Function 5 | General | CTO Reporting

MDPCP > Practice Reporting > Function 3 > Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use

Practice: TLMDC - Mercy | PC | [Switch Practice](#)

Comprehensiveness and Coordination

3.1 Coordinated Referral Mgmt with Specialists

3.2 Identifying & Comm w/Hospitals & Eds

3.3 Behavioral Health Integration

3.4 Linkages with Social Services

3.4.1 Coordinating with Social Service Resources

Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use

Update Information

Tell us how you coordinate and communicate about admission/discharge/transfer (ADT) information with the hospitals and EDs where your beneficiaries seek care. This table auto-populates based on which hospitals/EDs you indicated in 2.5.

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	<input type="radio"/> We do not have access to ADT information from this hospital/ED <input type="radio"/> At time of event <input checked="" type="radio"/> Daily <input type="radio"/> Within 1 week <input type="radio"/> Within 2 weeks <input type="radio"/> Over 2 weeks	<input checked="" type="radio"/> Yes <input type="radio"/> No
ABC Emergency Department	<input type="radio"/> We do not have access to ADT information from this hospital/ED <input type="radio"/> At time of event <input checked="" type="radio"/> Daily <input type="radio"/> Within 1 week <input type="radio"/> Within 2 weeks <input type="radio"/> Over 2 weeks	<input checked="" type="radio"/> Yes <input type="radio"/> 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., MD, DO, NP, PA)

CTO Clinical Staff (i.e., RN, LPN)

CTO Care Manager (i.e., LCSW)

Other, please 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?

Yes

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 not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

← Previous
Next →

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

4.3.4.3 Behavioral Health Integration

The **Behavioral Health 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.

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.

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.

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.

The screenshot shows a web-based form titled "Linkages with Social Services" within the MDPCP Practice Reporting interface. The interface includes a top navigation bar with "Home", "My Practice Info", "Practice Reporting", "Payment & Attribution", and "Resources". Below this is a breadcrumb trail: "MDPCP > Practice Reporting > Function 3 > Linkages with Social Services". A left sidebar lists navigation options under "Comprehensiveness and Coordination", with "3.4 Linkages with Social Services" selected. The main content area is divided into three sections:

- Update Information:**
 - Question: "Do you routinely screen your beneficiaries for unmet social needs?"
 - We do not screen beneficiaries for unmet social needs
 - We screen a **targeted subpopulation of beneficiaries** for unmet social needs
 - We universally screen **all beneficiaries** for unmet social needs
 - Question: "What type of screening tool(s) do you use or adapt to capture unmet social needs in your beneficiary population? (Select all that apply)"
 - We do not use any screening tools
 - We use the Accountable Health Communities (AHC) tool only
 - Other Standardized screening tool (e.g., screening tools published by HealthLeads, IOM/NAM)
 - Tool developed by practice or system
 - Other, please specify
 - Question: "Are screening tools or questions integrated with your EHR or health IT system?"
 - Yes
 - No
 - Question: "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
 - 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
 - Transportation:** Difficulty accessing/affording transportation (i.e., medical or public)
 - Employment:** Under-employment/unemployment
 - Social isolation:** Lack of family and/or friend networks, minimal community contacts, absence of social engagement
 - Safety:** Intimate partner violence, elder abuse, community violence
 - Other, please specify
- CTO - Practice Assistance:**
 - Question: "Did you receive assistance from your partner CTO?"
 - Yes
 - No
 - Question: "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)
 - CTO Care Manager (i.e., LCSW)
 - Other, please specify
 - Text input field: "If you would like to provide any additional information regarding the Partner CTO, please do so below (Optional)"
- Additional Practice Assistance:**
 - Question: "Did you receive assistance from a state Practice Coach?"
 - Yes
 - No
 - Text input field: "If you would like to provide any additional information regarding the state Practice Coach, please do so below (Optional)"
 - Question: "Did you receive assistance in meeting care transformation requirements from an outside contractor or consultant (this does not include your partner CTO, if associated)?"
 - Yes
 - No
 - Text input field: "If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)"

At the bottom of the form, there are "Previous" and "Next" navigation buttons.

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.

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 **Practice Reporting** Payment & Attribution Resources

Overview Function 1 Function 2 **Function 3** Function 4 Function 5 General CTO Reporting
Yr / Qtr 2019-Q1 Track 1 Change Display

MDPCP > Practice Reporting > Function 3 > Coordinating with Social Service Resources

Practice: T1MD000 - Mary... PC Switch Practice Help

Coordinating with Social Service Resources

Comprehensiveness and Coordination
Update Information

3.1 Coordinated Referral Mgmt with Specialists
3.2 Identifying & Comm w/Hospitals & Eds
3.3 Behavioral Health Integration
3.4 Linkages with Social Services
3.4.1 Coordinating with Social Service Resources

How frequently is the inventory of social service resources your practice uses updated?

We do not maintain or have access to an inventory of these resources
 Ad hoc basis only
 At least monthly
 Every 2-6 months
 Every 6-12 months
 Less than annually

Do you have an inventory of social service resources integrated with your EHR?

Yes
 No

Identify the social service resources and supports with whom you have established relationships to address the prioritized areas you selected above. (Select all that apply)

We have not established relationships with social service resources and supports
 Financial (e.g., TANF, SSDI/SSI, cash assistance)
 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/subsidies [LIHEAP], telephone)
 Other, please specify

CTO - Practice Assistance

Did you receive assistance from your partner CTO?

Yes
 No

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)
 CTO Care Manager (i.e., LCSW)
 Other, please 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?

Yes
 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 not include your partner CTO, if associated)?

Yes
 No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

← Previous

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.

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

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.

Home My Practice Info **Practice Reporting** Payment & Attribution Resources

Overview Function 1 Function 2 Function 3 **Function 4** Function 5 General CTO Reporting
11/20/2023 2023 Q4 Track 1 Change Display

MDPCP > Practice Reporting > Function 4 > Self-Management Support for Selected Conditions

Practice: 1140000 - MeritHealth - PC Search Practice Help

Beneficiary and Caregiver Engagement

Self-Management Support for Selected Conditions Update Information

For which conditions did your practice provide condition-specific support for self-management in the last quarter? (Select all that apply)

We do not offer self-management support for any conditions

<p>Cardiovascular</p> <p><input type="checkbox"/> Congestive Heart Failure (CHF)</p> <p><input checked="" type="checkbox"/> Coronary Artery Disease (CAD)</p> <p><input type="checkbox"/> Hypertension/high cholesterol</p> <p><input type="checkbox"/> Hypertension</p>	<p>Respiratory/Pulmonary</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> COPD</p>	<p>Mental Health</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Depression</p>
<p>Substance Disorder</p> <p><input type="checkbox"/> Alcohol misuse</p> <p><input checked="" type="checkbox"/> Tobacco cessation</p> <p><input type="checkbox"/> Opioid misuse</p>	<p>Other</p> <p><input type="checkbox"/> Chronic pain</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Obesity/weight loss</p> <p><input type="checkbox"/> Other, please specify: _____</p>	

How do you identify beneficiaries for self-management support? (Select all that apply)

We do not systematically identify beneficiaries for self-management support

All beneficiaries with targeted condition

General risk status (using the practice's risk stratification methodology)

Poorly controlled disease

Data from a formal self-management assessment tool

Beneficiary expression of interest

Clinician referral/identification

Other, please specify: _____

How frequently does your practice implement each of the following aspects of self-management support to beneficiaries and caregivers?

Activities	Never	Rarely	Sometimes	Very Often	Always
We encourage beneficiaries to choose goals that are meaningful to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
We include family/caregivers in goal setting and care plan development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
We connect or provide beneficiaries and caregivers with formal self-management support services at our practice or in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
We measure beneficiary's skills and progress (e.g., How's My Health, Patient Activation Measure (PAM))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Our staff are trained in specific self-management support techniques (e.g., motivational interviewing, S.A.'s, Track Back, reflective listening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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)

CTO Care Manager (i.e., LCSW)

Other, please 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?

Yes

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 not include your partner CTO, if associated)?

Yes

No

If you would like to provide any additional information regarding assistance you received from outside contractors or consultants, please do so below (Optional)

Previous

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.

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.

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."

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

Home My Practice Info **Practice Reporting** Payment & Attribution Resources

Overview Function 1 Function 2 Function 3 Function 4 Function 5 **General** CTO Reporting
Tr / Qtr: 2019-Q1 Track: Track 1 [Change Display](#)

MDPCP > Practice Reporting > General > General Information Practice: T1MDP - Mer... MPH, PC [Switch Practice](#)

General Information

[Update Information](#)

MDPCP 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
<input checked="" type="checkbox"/> MDPCP weekly newsletter	5
<input checked="" type="checkbox"/> MDPCP Connect (social media platform)	5
<input checked="" type="checkbox"/> Practice Facilitator or learning network email	4
<input checked="" type="checkbox"/> MDPCP Support	5
<input checked="" type="checkbox"/> Learning sessions, Action Groups, Practices in Action, and webinars	4
<input type="checkbox"/> Other, please specify <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

Please estimate the number of hours your practice spent collecting and inputting data for your care transformation information this quarter. Please round to the nearest whole hour increment. (Optional)

Practice Information Verification

I have reviewed my practice's demographic, organization details and composition information. I certify that it is accurate to the best of my knowledge.

Reporting Point of Contact

Are you the primary contact for Practice Reporting for this Quarter?

Yes
 No

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name <input style="width: 90%;" type="text" value="Jane"/>	Last Name <input style="width: 90%;" type="text" value="Doe"/>
Position with MDPCP Practice Site <input style="width: 90%;" type="text" value="Practice Site Coordinator"/>	System Generated Date <input style="width: 90%;" type="text" value="11/29/2018 2:03:29 PM"/>

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.

Home
My Practice 360
Practice Reporting
Payment & Attribution
Resources

Overview
Function 1
Function 2
Function 3
Function 4
Function 5
General

CTO Reporting
11/20
Track
New
Close/Cancel

MDPCP > Practice Reporting > CTO Reporting > CTO Reporting
Practice: Tenn2020 - West Piedmont
Switch Practice

Message CTO reporting submission for Quarter 3 is available from November 20, 2018 to November 20, 2019.

CTO Information

CTO ID # 12345678

CTO Name University of Maryland - West Piedmont Hospital

Practice Assistance Verification

The table below represents the responses provided by your practice, for the assistance provided by the CTO. Please review and provide your response for CTO verification.

Function Page	Practice CTO Assistance	Type of Practice CTO	CTO Verification
3.1 Employment	Yes	CTO Practitioner (JA, MD, DO, NP, PA)	<input checked="" type="radio"/> Yes
		CTO Clinical Staff (JA, RN, LPN)	<input type="radio"/> No
		CTO Care Manager (JA, LSW)	<input type="radio"/> No
		Other	<input type="radio"/> No
			<input type="radio"/> No
3.2 CTO Access	No		<input checked="" type="radio"/> Yes <input type="radio"/> No
3.3 Continuity of Care	No		<input checked="" type="radio"/> Yes <input type="radio"/> No
3.4 Enhanced Access and Collaboration	No		<input checked="" type="radio"/> Yes <input type="radio"/> No
3.5 Risk Stratification	No		<input checked="" type="radio"/> Yes <input type="radio"/> No
3.2 Identifying Needs/Issues for Care Management	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.3 Care Management Staffing	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.3 Identifying Programs and Efficacy from Benchmarking Data	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.3.1 Benchmarking Follow-Up - Hospital and ED Readmissions	Yes	CTO Clinical Staff (JA, RN, LPN)	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.3.1.1 Cross-Functional Referral Management with Specialists	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.3.1.2 Identifying & Center w/Hospital & Site	Yes	CTO Clinical Staff (JA, RN, LPN)	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.3 Behavioral Health Integration	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.4 Linkages with Social Services	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.4.1.1 Coordinating with Social Services Resources	Yes	CTO Clinical Staff (JA, RN, LPN) CTO Care Manager (JA, LSW)	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.4.1.2 Engaging Stakeholders and Campaigns from Practice	Yes	CTO Practitioner (JA, MD, DO, NP, PA)	<input type="radio"/> Yes <input checked="" type="radio"/> No
3.4.2 Self-Report Support for Substandard Conditions	No		<input type="radio"/> Yes <input checked="" type="radio"/> No
3.4.3 Track Standard Care	No		<input type="radio"/> Yes <input checked="" type="radio"/> No

If you would like to provide any additional information or evidence regarding the Partner-Practitioner's response to any portion of the quarterly survey, please do so below. (Optional)

If you would like to provide any additional information or evidence regarding the Partner-Practitioner's response to any portion of the quarterly survey, please do so below. (Optional)

CTO Information Verification

I have reviewed my CTO's demographic and organizational information and certify that it is accurate to the best of my knowledge.

Reporting Point of Contact

Are you the primary contact for CTO Reporting for this Quarter?

Yes
 No

CTO Reporting Primary Contact

First Name

Last Name

Title/Position

Email

Telephone Number

Ext. (Optional)

Confirmation

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name

Last Name

Practice with MDPCP CTO Site

System Generated Date

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#MD####_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.

Home | My Practice Info | Practice Reporting | **Payment & Attribution** | Resources
Track 2019-Q1 | Track 1 | Change Display

MDPCP > Payment & Attribution > Practice Payment & Attribution

Practice: T1MD0050 - Maryland | PC | [Refresh Practice](#)

Practice Payment & Attribution

Payment & Attribution Details

Payment for this Quarter and Attributed 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*	\$ 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	0.466 - 0.698
Medium - High Risk	1391	0.699 - 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	\$ 16792.00
CMF Debit Amount	\$ 8002.00
Total CMF	\$ 19383.83
Total PBIP	\$ 9637.50
Adjustments	\$ 173.67
Total Amount Calculated	\$ 26818.07

Cumulative Payments and Attributed Beneficiaries	Total
Cumulative Beneficiaries Attributed (since 01/01/2019)	
Cumulative CMF Paid (since 01/01/2019)*	\$ 80689.01
Cumulative PBIP Paid (since 01/01/2019)*	\$ 79833.97
Cumulative Total Paid (since 01/01/2019)*	\$ 15752.21

* Reflects 2% sequestration adjustment.

If you have any questions, please contact MDPCP Helpdesk at 1-844-711-2664, Option #7 or MarylandModel@cms.hhs.gov.

Beneficiary Attribution Report

Click on the "Download" icon to view the beneficiary attribution file. A copy of the file will be opened on your local machine and you will have the opportunity to save it. Files are in Microsoft Excel formats.

Beneficiary Attribution Report

Show 10 entries

File Name	Download	HIPAA Submission
T1MD0050_BeneAttrRpt_CV2019_Q1_20181128.xlsx		

First Previous **1** Next Last

Figure 75: Practice Payment & Attribution

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 > Payment & Attribution > HIPAA Submission

Request for Personally Identifiable Information for Attributed Beneficiaries Help

CMS believes the care coordination, efficiency of care, and quality improvement work of MDPCP practices would benefit from the receipt of beneficiary-identifiable claims-derived data on MDPCP attributed Medicare fee-for-service (FFS) beneficiaries. CMS will therefore offer to MDPCP practices an opportunity to request certain beneficiary-identifiable data, as described in Section IX and the HIPAA-Covered Disclosure Request Attestation and Data Specification Worksheet (Appendix E) of the MDPCP Participation Agreement.

As outlined in Section IX of the MDPCP Participation Agreement, MDPCP practices may not to disclose, use, or reuse the data except as specified in the Participation Agreement or except as CMS shall authorize in writing or as otherwise required by law. MDPCP practices may reuse original or derivative data without prior written authorization from CMS for clinical treatment, care management and coordination, and quality improvement activities but shall not disseminate individually identifiable original or derived information from the files specified in Appendix E to anyone, unless the recipient is directly involved in treating MDPCP beneficiaries; a HIPAA Business Associate (BA) of that HIPAA Covered Entity; the MDPCP Practice's BA; or a subcontractor BA hired by the MDPCP practice's BA and/or performing MDPCP practice activities.

In offering this beneficiary-identifiable claims data, CMS does not represent that the MDPCP practice has met all applicable HIPAA requirements for requesting data under 45 CFR § 164.506(c)(4). The MDPCP practice should consult with its own counsel to make those determinations prior to requesting this data from CMS. MDPCP practices shall report any breach of personal health information (PHI) or personally identifiable information (PII) from or derived from the CMS data files, loss of these data, or improper use or disclosure of these data to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2850 or by email notification at cms_it_service_desk@cms.hhs.gov within one hour. The MDPCP practice shall cooperate fully in the federal incident security process that results from such improper use or disclosure.

As a representative of the MDPCP practice, on behalf of the practitioners on record as participating in MDPCP, I acknowledge the above information and stipulations in the MDPCP Participation Agreement, and request to access the beneficiary data described in this notice and in the MDPCP Participation Agreement.

The MDPCP practice is a (select one)

A HIPAA Covered Entity (CE) as defined in 45 CFR § 160.103

The Business Associate (BA) of a HIPAA CE as defined 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.

The screenshot shows the MDPCP Resources page. At the top, there is a navigation bar with tabs for Home, My Practice Info, Practice Reporting, Payment & Attribution, and Resources. Below the navigation bar, the page title is "MDPCP Resources". The main content area is divided into two sections: "Resource Documents" and "Helpful Links".

The "Resource Documents" section features a table with the following columns: File Name, File Type, Date Added, and Download. The table contains 7 entries, each with a download icon. Below the table, there is a pagination control showing "Showing 1 to 7 of 7 entries" and navigation buttons for "First", "Previous", "Next", and "Last".

The "Helpful Links" section contains a table with two columns: Page Description and URL. It lists two links: "MDPCP Connect Website" with the URL "MDPCP Connect" and "CQM Aligned population Health Reporting Tool" with the URL "CALUPHR".

File Name	File Type	Date Added	Download
EPPE Batch Processing Template.docx	EPPE Batch Processing Template	11/21/2018 03:50 PM	Download
CMS Non-DUA Tracking Form Completion Instructions.docx	CMS Non-DUA Tracking Form Completion Instructions	11/21/2018 03:50 PM	Download
CMS 588 Form - Electronic Funds Transfer (EFT) Information.docx	CMS 588 Form - Electronic Funds Transfer (EFT) Information	11/21/2018 03:50 PM	Download
MDPCP Identity Practice Portal Proofing Form.docx	MDPCP Identity Practice Portal Proofing Form	11/21/2018 03:50 PM	Download
CMS 588 Form - Frequently Asked Questions.docx	CMS 588 Form - Frequently Asked Questions	11/21/2018 03:50 PM	Download
CMS 855R Form - Medicare Enrollment Application.docx	CMS 855R Form - Medicare Enrollment Application	11/21/2018 03:50 PM	Download
CMS 588 Form.docx	CMS 588 Form	11/21/2018 03:49 PM	Download

Page Description	URLs
MDPCP Connect Website	MDPCP Connect
CQM Aligned population Health Reporting Tool	CALUPHR

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

Figure 78: Helpful Links

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
APM	All-Payer Model
ARS	Acceptable Risk Safeguard
CALiPHR	CQM Aligned Population Health Reporting Tool
CMF	Care Management Fee
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CMSR	CMS Minimum Security Requirements
CPC+	Comprehensive Primary Care (CPC) Plus
CPCP	Comprehensive Primary Care Payment
CQM	Clinical Quality Measures
CRISP	Chesapeake Regional Information System for our Patients
CRP	Care Redesign Program
CTO	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
HIPAA	Health Insurance Portability and Accountability Act

Acronym	Literal Translation
HIT	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
TCOC	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