

## Instructions for the MDPCP Practice Participation Agreement

Please use the following steps to successfully execute and submit your practice's Practice Participation Agreement.

1. Download and review the entire Participation Agreement document.
  - a. Note that *each practice site* needs to complete a separate Participation Agreement.
2. Complete and sign the Participation Agreement. Make sure to include ALL of the following information:
  - a. The full legal name (including any d/b/a name) of the entity whose Medicare billing Tax Identification Number (TIN) is used to bill for Primary Care Services furnished at the address of the MDPCP Practice Site (p. 1)
  - b. Practice site street address (p.1)
  - c. Practice contact information: mailing address, telephone number, and business email address (if applicable) (p. 55)
  - d. Execute the Participation Agreement and provide your practice's MDPCP ID Number (p. 59)
  - e. Complete Appendix C. HIPAA-Covered Disclosure Request Attestation and Data Specification Worksheet (p. 66-67).

***IF ANY OF THIS INFORMATION IS MISSING, THE PARTICIPANT AGREEMENT WILL BE CONSIDERED INCOMPLETE.***

3. Scan and save the signed Participation Agreement as PDF document using the following file naming convention: T#MD####\_ParticipationAgreement\_PY2020.
  - a. Please note that T#=track number; ####=application number. For example, if your practice is in Track 2 with the MDPCP application number MDPCP-9256, your file should be named: T2MD9256\_ParticipationAgreement\_PY2020.
4. Submit the signed agreement to the MDPCP mailbox at [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) no later than Monday, December 2, 2019.
  - a. Please include your MDPCP Practice ID in the subject line of your email.
  - b. Do not send any Protected Health Information (PHI) or Personally Identifiable Information (PII) to CMS through the MDPCP inbox. The submission of PHI or PII material through the MDPCP inbox will be considered a breach of security.