



PHASE 1 CPC+ IMPLEMENTATION GUIDE: GETTING STARTED WITH CPC+

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Introduction

Welcome to Comprehensive Primary Care Plus (CPC+)! We are excited to partner with you over the next five years as we move toward the CPC+ aim of better care, smarter spending, and healthier people.

This Phase 1 CPC+ Implementation Guide: Getting Started with CPC+ will help you get started on CPC+ before the program officially begins on January 1, 2017. In this guide, you will find:

- Operational details that will prepare you for the January 1 program start, including how to access and use the CPC+ Practice Portal and review and update your practice information
- Guidance on how to choose electronic Clinical Quality Measures (eCQMs) by January 1
- Information about the CPC+ learning communities and other resources available to you
- Planning for your practice's transformation, including what to focus on in Year 1, ideas for getting started with care redesign, and understanding CPC+ payments
- A calendar of upcoming CPC+ activities

The Phase 2 CPC+ Implementation Guide will be available in early 2017, and includes detailed information on CPC+. Your practice will receive an email once it is available. In that guide, we will provide additional guidance on strategies to deliver the five Comprehensive Primary Care Functions, which are:

- Access and Continuity
- Care Management
- Comprehensiveness and Coordination
- Patient and Caregiver Engagement
- Planned Care and Population Health

The Phase 2 CPC+ Implementation Guide will also include a diverse set of resources that will help you achieve success in your care delivery work.

Actions You Need to Take

☒ Access and Use the CPC+ Practice Portal

The CPC+ Practice Portal is a secure website that gives your practice convenient access to your CPC+ information and enables you to report information to the Centers for Medicare & Medicaid Services (CMS). Your practice will use the Practice Portal for many CPC+ activities,

including maintaining practice and practitioner information for purposes of CPC+ payment, viewing payment and attribution information, reporting your care delivery progress, and submitting eCQM data (if you choose to submit via attestation).

You can find detailed instructions on how to get access to the CPC+ Practice Portal in [Appendix B](#) of this Implementation Guide.

Your application contact or your practice contact (as noted on your CPC+ application) must submit a list of individuals at the practice who will receive access to the CPC+ Practice Portal. Please submit your list to CPC+ Support by phone or email. We encourage you to ensure that multiple people at each practice site have CPC+ Practice Portal access. This will allow your practice to complete requirements and access your CPC+ information even in the event of staff changes or unexpected absences.

For each Practice Portal user at your practice, you must send CPC+ Support the following information:

- First Name
- Last Name
- Email
- Phone
- Practice Role
- CPC+ Practice Site ID(s)
- CMS ePortal/EIDM User ID

Please complete your access **no later than January 13, 2017**, so that you may update your practice information and Practitioner Roster in time for CMS to process 2017 Q2 payments accurately. If your user role is associated with multiple practices, each practice will have its own Practice Portal site. You will be able to switch between practices by using the Track and Practice dropdown menus. ***Please note:*** Users must log in to the CMS Enterprise Portal (ePortal) at least every 60 days, or accounts will be disabled due to inactivity.

If you are a CPC Classic participant and already have access to the CPC Classic Web Application, you will not need to get a new account. When you log in, you will be able to toggle between the CPC Classic and CPC+ application views. Your default home page will be the CPC Classic home page.

On the top navigation bar, you will use eight tabs and associated sub-tabs to navigate through the CPC+ Practice Portal:

- **Home (default)**

The home page displays information for your practice, including your Practice ID and Practice Name. If you are associated with multiple practices, you will see all of your associated practices here. You can navigate to those individual practices by clicking on the Practice ID in the first column of the table.

- **My Practice Info**

This tab contains multiple sub-tabs where you can view and update the following practice information:

- Demographic Information
- Practice Information
- Composition
- Request History
- Documents

Please note that CMS will review some information changes, such as changes to your TIN, ownership, and practitioner adds/withdrawals.

- **Practice Reporting**

The Practice Reporting tab will enable you to submit your quarterly reports on care delivery progress and other aspects of CPC+, beginning at the end of 2017 Q1 (March 2017). There is no reporting functionality available at this time.

- **Payment & Attribution**

This tab will give you access to detailed information about your practice's CPC+ payments for your Medicare fee-for-service (FFS) beneficiaries.

- **eCQM**

The eCQM tab will provide access to features related to annual eCQM registration and reporting in early 2018. There is no functionality available at this time.

- **Reports**

The Reports tab will enable you to access and download reports. There are no reports available at this time.

- **Resources**

This tab contains links to helpful CPC+ resources outside the CPC+ Practice Portal, and enables you to download forms such as the CMS 588 and Practice Portal Identity Proofing forms.

- **Connect**

This page will redirect you to CPC+ Connect, which will be available starting in January 2017.

☑ Review and Update Your Practice Information

After you gain access to the CPC+ Practice Portal, you should review your practice information and make any necessary updates or corrections. We have imported some of the data from your CPC+ application, such as your contact information, electronic health record (EHR) information, and Practitioner Roster. Some areas of the Practice Portal will not be available until later in 2017, so you may not see all of your data when you first gain access. Once you have access to the CPC+ Practice Portal, you will be able to do the following:

- Update your practice information – see detailed instructions in [Appendix C](#)
- Update your Practitioner Roster – see detailed instructions in [Appendix D](#)
 - The Practitioner Roster refers to primary care practitioners at your practice site who meet state licensure requirements and can bill Medicare. This typically refers to those who have a Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or a Physician Assistant (PA) license and a National Provider Identifier (NPI).
 - This information is used to determine your practice's beneficiary attribution and CPC+ payments. This information will be used only for the purposes of CPC+ and only by CMS contractors who provide support to practices, CMS, and other CPC+ partners.
 - We will release an accompanying policy document specific to practitioner adds/drops via CPC+ Connect in the near future.
- Fill in your Staff Roster – see detailed instructions in [Appendix D](#)
 - The Staff Roster refers to staff at your practice who are not billing practitioners (as defined above)
 - This information is used to plan and design learning support and to conduct the practice staff survey for the evaluation. This information will be used only for the purposes of CPC+ and only by CMS contractors who provide support to practices, CMS, and other CPC+ partners

☑ Choose Your Electronic Clinical Quality Measures (eQMs)

As explained in the Participation Agreement (PA), CPC+ uses quality performance measures to assess improvements in the quality of care over time in CPC+ practices. The quality measure results impact annual adjustments to the Performance-Based Incentive Payment (PBIP) that practices may receive. The types of quality measures used in CPC+ include: (1) patient experience of care survey; (2) claims-based utilization measures; and (3) eQMs. Your practice does not need to take any immediate action regarding the first two types of measures; however, **you do need to work with your EHR vendor now to ensure the eQMs you plan to monitor are in your EHR by January 1, 2017.** Below are more details on the types of measures that will be assessed in CPC+:

1. **Patient Experience of Care** – We will conduct a patient experience of care survey annually on a sample of your patients using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Patient-Centered Medical Home Survey. CMS will pay for this survey. Your practice will be required to provide a patient roster that will be used for sampling your patient population. More details are forthcoming.
2. **Utilization Measures** – We will evaluate your practice's Medicare claims to determine your Emergency Department Utilization and Inpatient Hospital Utilization.
3. **eQMs** – Your practice must choose and successfully report nine of the 14 measures from the CPC+ eQCM measure set for the 2017 performance period that begins on January 1, 2017, and ends on December 31, 2017. ***You should identify the measures before the beginning of 2017 so you can track your performance throughout the year.*** Your practice must select at least two of the three outcome measures (Group 1), at least two of the four complex care measures (Group 2), and five of the remaining 10 measures from Group 1, 2, and/or 3, as outlined in Table 1. Your practice must meet eQCM reporting requirements to be eligible to earn the PBIP. A full list of reporting requirements can be found on the CPC+ website ([CPC+ Quality Reporting Overview PY 2017](#)).

Table 1: CPC+ eQCM Measure Set for the 2017 Performance Period

Group 1: Outcome Measures				
CMS ID#	NQF #	Measure Title	Measure Type/ Data Source	Domain
CMS159v5	0710	Depression Remission at Twelve Months	Outcome/eQCM	Clinical Process/ Effectiveness
CMS165v5	0018	Controlling High Blood Pressure	Outcome/eQCM	Clinical Process/ Effectiveness
CMS122v5	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Outcome/eQCM	Population/Public Health
Group 2: Complex Care Measures				
CMS ID#	NQF #	Measure Title	Measure Type/ Data Source	Domain
CMS156v5	0022	Use of High-Risk Medications in the Elderly	Process/eQCM	Patient Safety
CMS149v5	N/A	Dementia: Cognitive Assessment	Process/eQCM	Clinical Process/ Effectiveness
CMS139v5	0101	Falls: Screening for Future Fall Risk	Process/eQCM	Patient Safety
CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eQCM	Clinical Process/ Effectiveness

Group 3: Other Measures				
CMS ID#	NQF #	Measure Title	Measure Type/ Data Source	Domain
CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM	Care Coordination
CMS124v5	0032	Cervical Cancer Screening	Process/eCQM	Clinical Process/ Effectiveness
CMS130v5	0034	Colorectal Cancer Screening	Process/eCQM	Clinical Process/ Effectiveness
CMS131v5	0055	Diabetes: Eye Exam	Process/eCQM	Clinical Process/ Effectiveness
CMS138v5	0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process/eCQM	Population/Public Health
CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/eCQM	Efficient Use of Healthcare Resources
CMS125v5	2372	Breast Cancer Screening	Process/eCQM	Clinical Process/ Effectiveness

While not required, your practice is encouraged to include all 14 CPC+ measures in your EHR. This will ensure your practice is able to report the required nine measures in the event of removal of one or more eCQMs from the list due to future events, such as changes to clinical guidelines. **Your practice must meet eCQM reporting requirements to be eligible to earn the PBIP.**

CMS expects the eCQM submission period for the 2017 performance period to be from January 1, 2018, to February 28, 2018. We will provide final submission dates and related details in 2017.

☒ Learn More about CPC+ Learning Activities

Your practice will be part of a National Learning Community and a Regional Learning Community.

The National Learning Community provides all CPC+ practices, payer partners, health IT vendors, and other stakeholders with a shared understanding of how the delivery of comprehensive primary care will operate to achieve the aims of better care, smarter spending, and healthier people. Table 2 illustrates resources available to you through the National Learning Community.

The Regional Learning Community engages you, your payers, health IT vendors, and other regional stakeholders in regional and cross-regional collaboration, learning, and alignment with regional health care reform. You will receive support from regional learning staff as you work to deliver comprehensive primary care. Additional information about the Regional Learning Community and resources available to you will be available soon.

Table 2: National Learning Opportunities

National Learning Opportunities	Description	Approximate Timing
National Webinars	Interactive web-based platform that includes presentations from subject matter experts, strategies from participating practices, and resources and tools. Webinars will be available live or on demand, and all live webinars will be recorded and made available for practices to download and watch at a later time	Please refer to the Upcoming Learning Events Calendar
Action Groups	Live, virtual sessions with practices that are actively working on a similar set of changes, featuring opportunities to share ideas, approaches, solutions, tools, resources, and experiences in a facilitated, data-driven online learning community	End of Q1 2017/Beginning of Q2 2017
Affinity Groups	Practice- or facilitator-led online discussions with health IT vendors and partners to share resources and experiences on using health IT to meet CPC+ aims	End of Q1 2017/Beginning of Q2 2017
CPC+ Connect	Secure web-based platform for all practices to share ideas, resources, and strategies for care delivery transformation	Available starting January 2017
<i>On the Plus Side</i> Weekly Update	Newsletter sent to all practices that includes CPC+ program updates, resources, answers to frequently asked questions, and upcoming CPC+ events	Weekly
Office Hours	Virtual sessions that provide practices with an opportunity to ask questions	As needed

CPC+ Connect is a web-based platform designed for you and your practice staff to share ideas, best practices, and resources with other CPC+ participants. Think of this as the Facebook for primary care transformation. The website's easy-to-use features are designed to support you in your work toward the CPC+ care delivery requirements.



This platform will be available to you starting in early 2017. We will provide a webinar to orient you to CPC+ Connect. Following the webinar, you will receive an email containing further instructions, including the username and temporary password you will use to access CPC+ Connect. Upon receiving this email, you should activate your account within 24 hours.

Please note: The distribution list we will use for the CPC+ Connect upload is the same list we are using for our newsletter, *On the Plus Side*. If you are not currently receiving *On the Plus Side* and would like to be added to the distribution list, please contact CPC+ Support at CPCPlus@telligen.com.

☒ Tell Your Patients What CPC+ Means for Them

As part of your practice's participation in CPC+, you are required to notify Medicare FFS beneficiaries attributed to your practice of: (1) your practice's participation in CPC+, and (2) Medicare's intention to share personally identifiable information from Medicare claims with your

practice. It is important for you to convey to your patients that their Medicare benefits are not changing; they can visit any doctor or hospital they choose, and there is not any additional cost sharing for CPC+.

Attached to the email that included this Implementation Guide, we have provided a beneficiary notification packet. In this packet, you will find:

- **Instructions for notifying Medicare beneficiaries and the media about your participation in CPC+**

This instructional guide outlines acceptable practices for providing CPC+-related communications with Medicare FFS beneficiaries and the media.

- **Notification template**

You can use this notification to post or display in your office waiting room, or include the language on your practice website or patient portal.

- **Press release template**

You can use this template should you choose to announce your participation in CPC+.

Note that the template and instructions provided apply only to communications with Medicare FFS beneficiaries. Other CPC+ payer partners may have their own instructions regarding communications with their enrollees and the media.

☒ **Take the Baseline Assessment**

To support your work in CPC+, we will ask you to complete a baseline learning assessment in early January 2017. The information we receive from this short assessment will inform the development of CPC+ learning activities and topics for national learning webinars and action groups. You will receive this web-based assessment via email in early January for completion by you and your practice staff. We will share additional details soon, so please stay tuned.

☒ **Start Planning Your CPC+ Practice Transformation**

A. What are the five primary care functions?

The five Comprehensive Primary Care Functions are corridors of work that will guide you through care delivery redesign and are essential to delivering comprehensive care for your patients.

FUNCTION 1: Access and Continuity

A trusting, continuous relationship between patients, their caregivers, and your team of professionals who provide care for them is the foundation of effective primary care. Whether through expanded hours or developing alternatives to traditional office visits, ensuring patients

have access to engage your team will enhance that relationship and increase the likelihood that the patient will get the right care at the right time, potentially avoiding costly urgent and emergent care. As you begin to consider approaches for enhanced access, the [Enhanced Access Implementation Guide](#) from the Safety Net Medical Home Initiative offers approaches to this work.

FUNCTION 2: Care Management

Care management for high-risk, high-need patients is a hallmark of comprehensive primary care. Through your work in CPC+, you will identify those patients in two ways. First, you will systematically risk-stratify your empaneled population to identify the high-risk patients most likely to benefit from targeted, proactive, relationship-based (longitudinal) care management. Second, you will identify patients based on event triggers (e.g., transition of care setting or a new diagnosis of major illness) for episodic (short-term) care management regardless of risk status. You can find additional information to support risk stratification within your practice in the [Care Management Issue Brief](#) from the Agency for Healthcare Research and Quality (AHRQ) as a guide to get you started.

Your practice will provide both longitudinal and episodic care management, targeting the care management to best improve outcomes for these identified patients. You will guide your care management efforts by analyzing internal monitoring and payer data, and by using care plans focused on goals and strategies congruent with patient choices and values.

FUNCTION 3: Comprehensiveness and Coordination

Comprehensiveness in the primary care setting refers to the aim of your practice meeting the majority of your patient population's medical, behavioral, and health-related social needs in pursuit of each patient's health goals. Comprehensiveness adds both breadth and depth to the delivery of primary care services; builds on the element of relationship that is at the heart of effective primary care; and is associated with overall lower utilization and costs, less fragmented care, and better health outcomes. Read more about the importance of comprehensiveness in achieving the CPC+ aims in the *Annals of Family Medicine* article, [More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations](#).

By participating in CPC+, your practice will increase the comprehensiveness of care based on the needs of your practice population. Strategies to achieve comprehensiveness involve the use of analytics to identify needs at the population level and prioritize strategies for meeting key needs. For some aspects of care, your practice can best achieve comprehensiveness by ensuring patients receive offered services within the practice (rather than elsewhere), and by adding additional services within the practice that might have previously required a referral. Primary care practices should facilitate additional care and services that patients need to get outside of their primary care practice through closed-loop referrals and/or co-management with specialists and linkages with community and social services.

Your practice will act as the hub of care for your patients, playing a central role in helping patients and caregivers navigate and coordinate care. Your practice will address opportunities

to improve transitions of care, focusing on hospital and Emergency Department discharges, as well as post-acute care facility usage and interactions with specialists. Moreover, this work involves building the capability and network of services, both within the medical neighborhood and the community, to improve patient care. You will work to understand where your patients receive care and organize your practice to deliver or coordinate care in the way that achieves the best outcomes.

FUNCTION 4: Patient and Caregiver Engagement

Optimal care and health outcomes require patient and caregiver engagement in the management of their own care and in the design and improvement of care delivery. Your practice will organize a Patient and Family Advisory Council (PFAC) to help you understand the perspective of patients and caregivers on the organization and delivery of care, as well as its ongoing transformation through CPC+. You will then use the recommendations from PFAC to help them improve care and ensure its continued patient-centeredness.

You can read more on the importance of PFACs in a [Case Study on Partnering with Patients](#) developed by AHRQ.

FUNCTION 5: Planned Care and Population Health

Your practice will organize your care to meet the needs of the entire population of patients you serve. Using team-based care, you will proactively offer timely and appropriate preventive care, and consistent evidence-based management of chronic conditions. You will improve population health through use of evidence-based protocols in team-based care and identification of care gaps at the population level, as well as measure and act on the quality of care at both the practice and panel levels.

The [Team-Based Care Model](#) from the AMA Practice Improvement Strategies website provides step-by-step guidance on approaches to implement team-based care.

B. What changes should I focus on in Program Year 1?

Through participation in CPC+, your practice will redesign the care you provide to your entire patient population. All changes contribute to the model's aim of better care, smarter spending, and healthier people and are the strategic corridors of work that you can test and refine to meet the needs of your specific patient population.

Throughout CPC+, your practice will follow a set of care delivery requirements that provides a framework to deepen your capabilities. These incremental requirements will advance throughout the five-year model as markers for regular, measurable progress toward the CPC+ model aims.

The specific requirements depend on your track:

- **If you are a Track 1 practice**, you will work to enhance your capabilities to deliver comprehensive primary care.

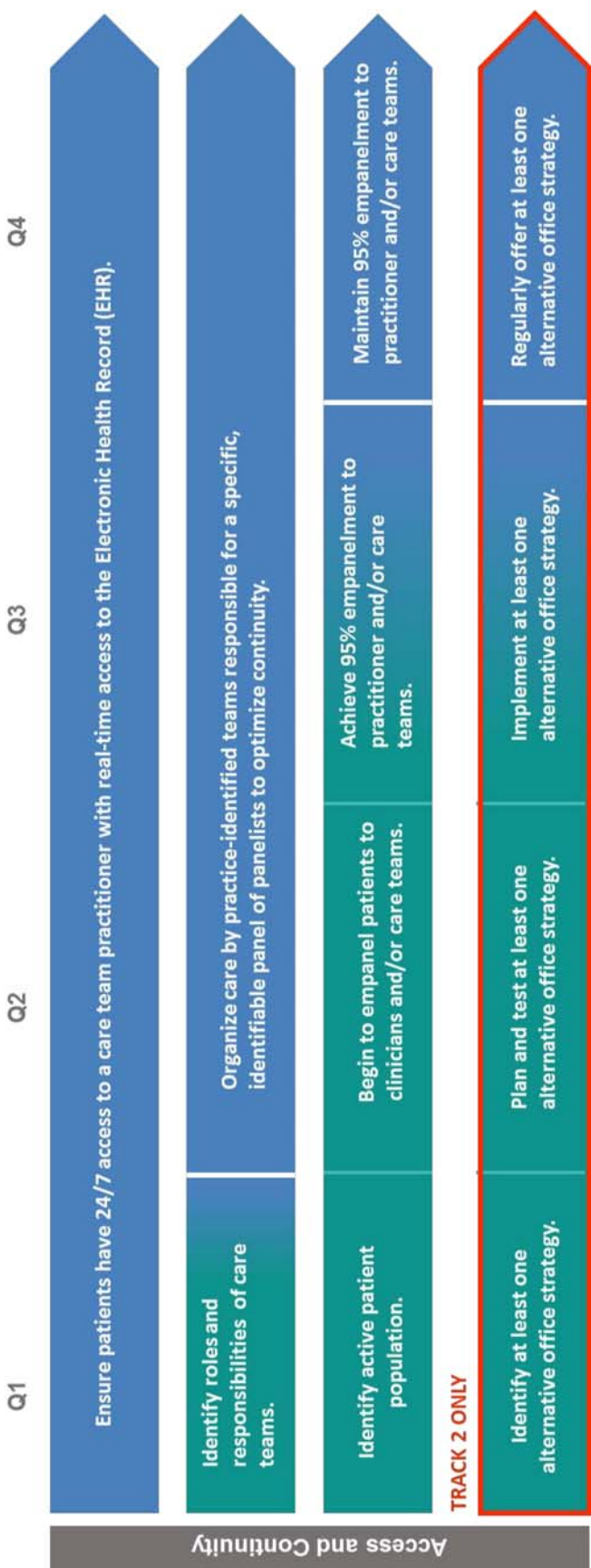
- **If you are a Track 1 practice that participated in CPC Classic**, you will continue to refine the significant changes your practice has made over the past four years.
- **If you are a Track 2 practice**, your work includes and builds upon the Track 1 framework. Track 2 layers additional requirements for practices that have already built initial capabilities and are ready to increase the depth, breadth, and scope of care offered, with particular focus on their patients with complex needs.

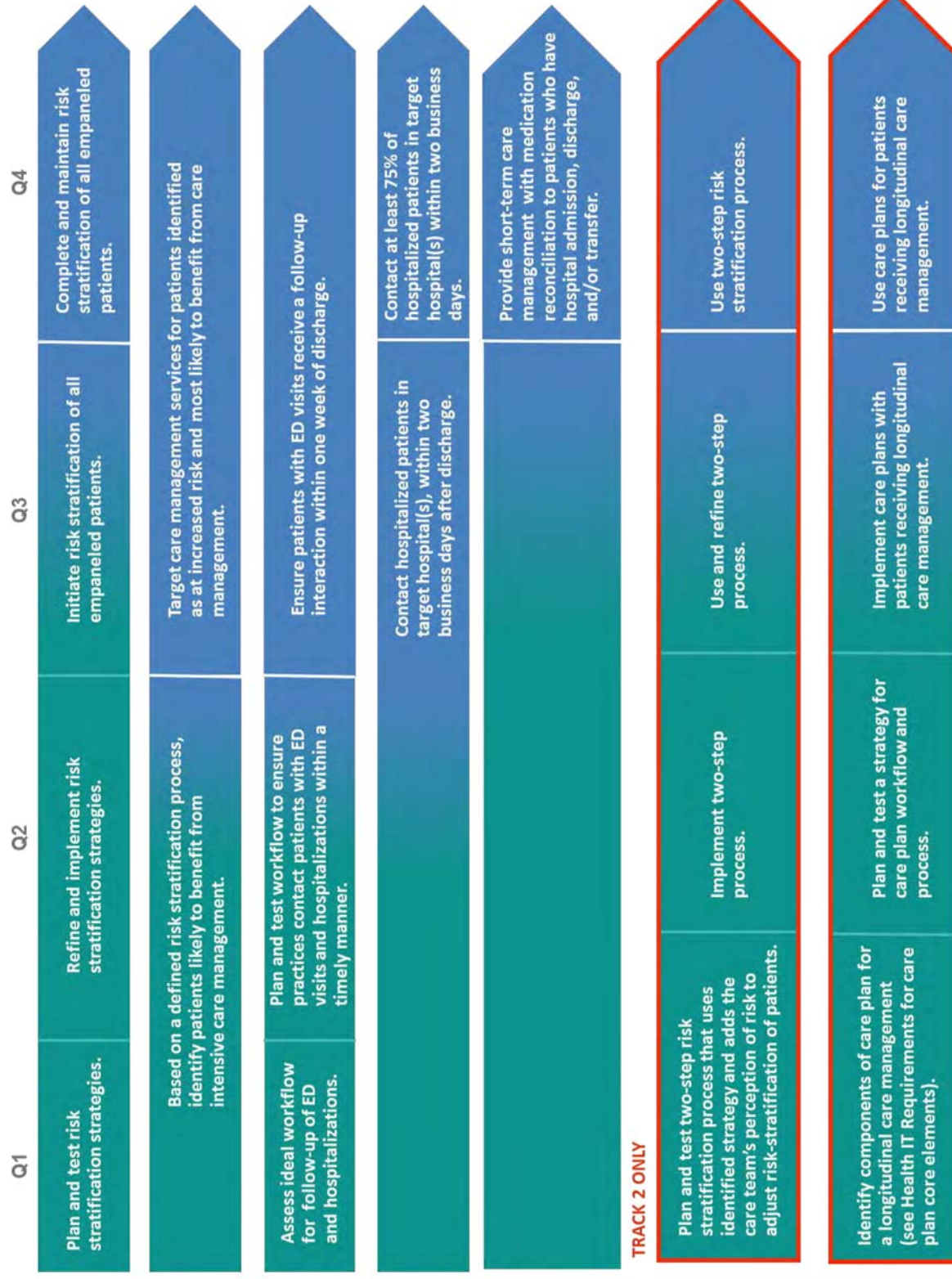
The care delivery requirements in each of the Comprehensive Primary Care Functions will evolve and deepen over the term of the model. As you gain expertise and become familiar with the initial stages of the work, you will be ready to refine your work and see opportunities to continue to improve the care of and outcomes for your own population of patients.

Figure 1 illustrates a “roadmap” for the first year of care delivery redesign. The roadmap illustrates the suggested sequencing of high-level changes that may lead to the enhanced capabilities required in CPC+. Practices may be at different stages of readiness at the start of CPC+ and should look to this roadmap as a guide for pacing change. Depending on the specific corridor of work, your practice may be more advanced in one domain than in another. Your practice can start at the stage appropriate to its own needs and resources. By the end of 2017, you should have fulfilled – and even moved beyond – the [2017 care delivery requirements](#) and be ready to advance to the next steps of redesign. We expect to release the performance year (PY) 2018 requirements in fall 2017.

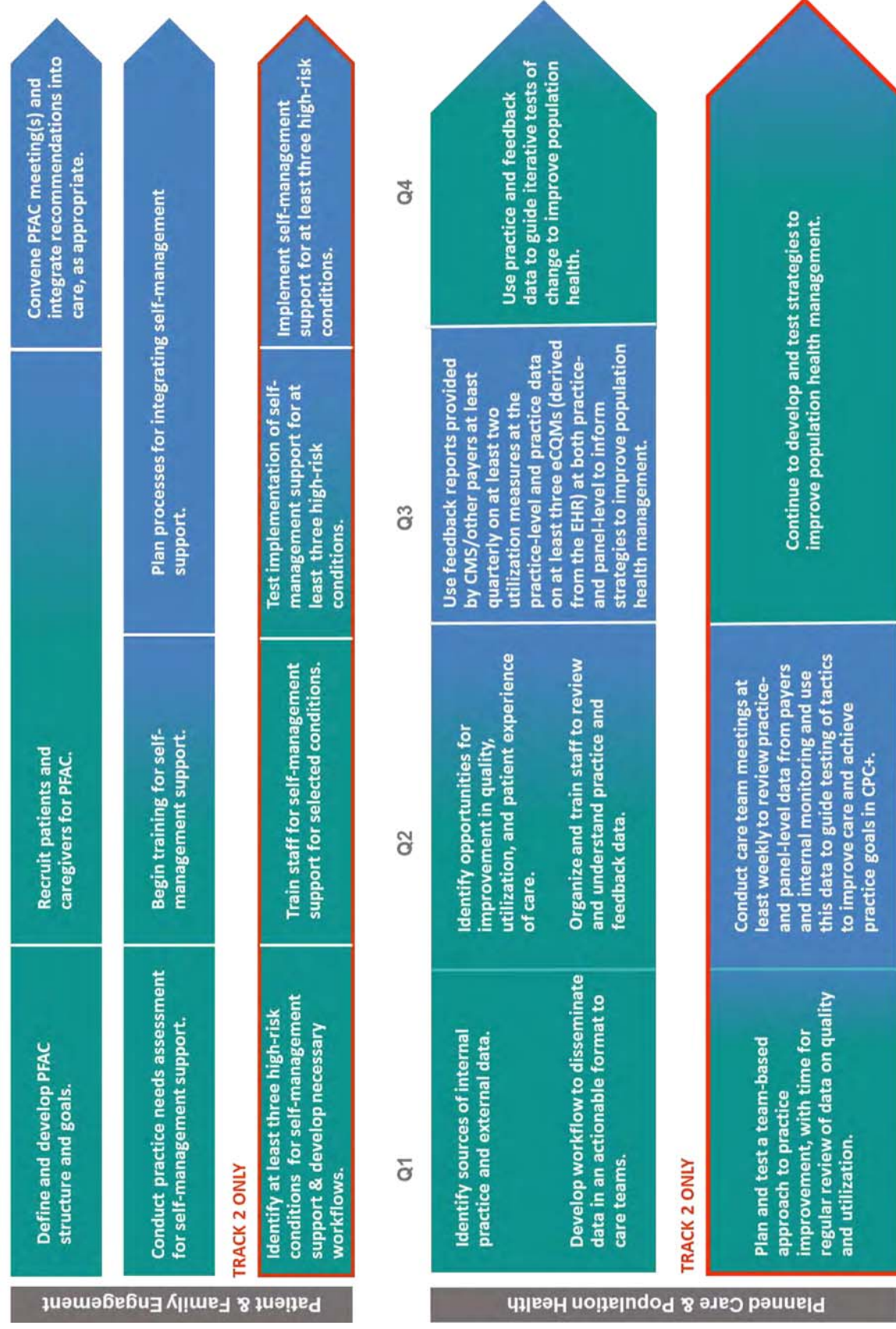
Note: In the roadmap, Care Delivery Requirements are noted in [light blue](#). Track 2 requirements are outlined in [red](#). The incremental steps your practice may take to achieve requirements are noted in [green](#).

Figure 1: Roadmap for First Year of Care Delivery Redesign





Q1	Q2	Q3	Q4
Identify hospital(s) & ED(s) responsible for the majority of patients' hospitalizations & ED visits.	Assess timeliness of notification and information transfer with these hospitals and EDs.	Improve timeliness of notification and information transfer with hospitals and EDs.	
Systemically identify high-volume and/or high-cost specialists serving the patient population using CMS and/or other payer's data.			
TRACK 2 ONLY			
	Identify at least two specialist groups based on CMS/other payer/practice data to enact a collaborative care agreement.	Define and negotiate collaborative care agreements with at least two specialist groups.	Enact collaborative care agreements with at least two specialist groups, identified as high-volume and/or high-cost.
Plan at least one option from the CPC+ menu of options for integrating behavioral health into care.	Test at least one option from the CPC+ menu of options for integrating behavioral health into care.	Refine at least one option from a menu of options for integrating behavioral health into care.	Implement at least one option from a menu of options for integrating behavioral health into care.
Conduct an inventory and/or access a database of services to meet patients' psychosocial needs.	Identify and plan use of tools/ questions to assess patients' psychosocial needs.	Test tools/questions to assess patients' psychosocial needs.	Refine and implement tools/questions to assess patients' psychosocial needs.
	Identify a practice capability that can provide better care and lower cost for high-risk patients.		Plan and begin to develop the new practice capability targeted to high-risk patients.



C. What is the role of health IT in CPC+?

As of January 1, 2017, your practice may use technology that meets either the 2014 or 2015 Edition¹ Health IT Certification Criteria. Beginning January 1, 2018, you are required to use technology that meets the 2015 Edition Health IT Certification Criteria, and 2014 Edition technology will no longer be allowed.

Your practice should also work with your vendors to ensure you meet all eCQM reporting requirements ([discussed in the eCQM section](#)). Specifically, related to certified EHR technology (CEHRT) and certified health IT, your practice is required to ensure you have the capability to generate a CPC+ Practice Site Report for the entire 12-month measurement period from your CEHRT or certified health IT system.

For reference, the “CPC+ Practice Site” means the single “bricks and mortar” physical location where practices see patients, unless your practice has a satellite office² or provides patient care in the home instead of at the practice.

Please note: Some CEHRT does not support practice site reporting. In these cases, CPC+ practices are required to adopt additional certified health IT, such as a specialty registry, to meet this basic requirement. Practices should contact their CEHRT vendor immediately to ensure they can meet the practice site reporting requirements, and if they cannot, practices must immediately adopt the additional certified health IT. Please contact CPC+ Support at CPCPlus@telligen.com immediately if this applies to your practice.

Your practice may decide to switch EHRs during model participation. Please notify CMS via the CPC+ Practice Portal of any plan to switch EHRs. You must notify CMS at least three months prior to the switch and include your practice’s plan for meeting all of the eCQM reporting requirements despite the switch. Please contact CPC+ Support at CPCPlus@telligen.com with any questions or concerns.

D. What are the health IT requirements for Track 2 practices?

If you are a Track 2 practice, you should contact your health IT vendor(s) to ensure they can provide the promised support for the advanced health IT functions as soon as possible. You can review the requirements outlined at: <https://innovation.cms.gov/Files/x/cpcplus-hit-track2reqs.pdf>.

Your practice is required to use advanced health IT functions throughout the five years of CPC+. Additionally:

¹ Information related to the 2014 or 2015 Edition of CEHRT can be found here: <https://www.healthit.gov/playbook/certified-health-it/#2014-2015-Certification>

² The specific definition of a satellite office is as follows: A satellite is a separate office that acts purely as a geographic extension of a single practice site; the satellite shares management, resources, EHR, practitioners, and attributed beneficiaries with the main practice location. Practices that are part of the same medical group or health system, even if they share some practitioners or staff, are generally not considered satellites of one practice site.

- Your practice must have signed Vendor Letter(s) of Support from your health IT vendor(s) that confirm the software to be developed and that it can perform the advanced health IT functions required.
- CMS must have a countersigned memorandum of understanding (MOU) with the health IT vendor(s) supporting your practice.
- If your practice switches health IT vendor(s), or if your vendor(s) are unable to perform the required health IT functions, you must find a new vendor(s) that can perform the required functions within 90 days. Please contact CPC+ Support at CPCPlus@Telligen.com with questions.

E. How can I use CPC+ Medicare payments?

You will receive three different kinds of payment from Medicare in CPC+, as illustrated in Table 3.

Table 3: CPC+ Payment

Track	Care Management Fees (CMFs) <i>Per Beneficiary Per Month</i>	Performance-Based Incentive Payments (PBIPs) <i>Per Beneficiary Per Month</i>	Medicare Physician Fee Schedule Payments
1	\$15 average	\$2.50 based on Utilization and Quality/Patient Experience of Care performance	Fee For Service (FFS)
2	\$28 average; including \$100 to support patients with complex needs	\$4.00 based on Utilization and Quality/Patient Experience of Care performance	Hybrid payment composed of a reduced FFS paired with a prospective Comprehensive Primary Care Payment (CPCP)

Your practice must use the CMFs to support your CPC+ work.

Examples of permitted expenses include, but are not limited to:

- Wages for new staff to perform care delivery requirements, such as a care manager, care coordinator, pre-visit planner, quality/data analyst, EHR scribe, pharmacist, or behavioral health clinician
- Wages for existing staff to perform care delivery requirements
- Care delivery tools related to care delivery requirements, such as shared decision making aids
- Training and travel directly related to the implementation of care delivery requirements, such as attending CPC+ learning meetings
- All other activities within the scope of the care delivery requirements stated in Appendix A of the PA

If you are in Track 2, your practice must use the CPCP to increase the comprehensiveness and flexibility of care delivered at your practice.

Examples of prohibited expenses for the CMF and CPCP include, but are not limited to:

- Health IT purchases or upgrades
- Income tax payments
- Imaging equipment or other durable medical equipment
- Medications
- Continuing Medical Education (if not directly related to CPC+)
- Costs (personnel or other costs) related to any practice billing or coding not related to CPC+
- Office supplies or decorations
- Payments to participating CPC+ practitioners for purposes other than supporting work related to CPC+
- Payments to a care management company

There are no spending restrictions on the PBIP, and your practice can spend your PBIP as you would any other revenue stream. However, please remember that based on your PBIP performance, you may be required to repay all or some of your practice's PBIP. CPC+ practices participating in the Medicare Shared Savings Program (MSSP) will not receive the PBIP.

F. When and how will I receive CPC+ Medicare payments?

You will receive payments to the account you indicated in your Electronic Funds Transfer (EFT) Authorization Agreement, referred to as the CMS 588 Form. We will use the banking information, business address, and Tax Identification Number (TIN)/Employer Identification Number (EIN) supplied on this form to establish vendor accounts for CPC+ payees. EFT payments are then disbursed either by a CMS Medicare contractor in cooperation with a commercial bank or directly through the U.S. Treasury.

You will receive the CMF and PBIP in Q1. If you are in Track 2, the hybrid payment will begin in Q2. You will receive the CPCP and a reduction in your payment for Evaluation and Management (E&M) services in accordance with the ratio you chose on the CPCP selection form. In 2018, your practice may be responsible for repaying a portion or all of the PBIP, dependent upon your 2017 performance.

Normally, CMS will deposit payments into accounts in the second half of the first month of a quarter, so most practices will receive their first CMF payment and 2017 PBIP in late January. Those practices with delays processing their forms may receive their payments (in full) in February or March 2017. Practices may receive an additional *one-time* upward adjustment to their PBIP in Q2 based on attribution changes to the practice.

We will publish the CPC+ payment methodology, including details for all three CPC+ payment streams, the first week of January 2017.

As outlined in their signed [Memorandum of Understanding](#), all payers partnering with CMS in CPC+ have agreed to pay participating practices non-visit-based financial support for their attributed plan members, as well as an incentive payment based on performance. They have also committed to departing from FFS for Track 2 practices, beginning in 2018. However, partner payers are not required to follow the specific payment methodology developed by CMS; their methodologies are required to be aligned, but not identical, to CMS's FFS methodology. Your practice must work directly with the CPC+ payer partners on payments specific to those plan beneficiaries in CPC+.

☑ Review What's Next

A. Mark your calendars

In early 2017, we will conduct a series of onboarding webinars to orient you and your practice staff to CPC+. These webinars will introduce you to the five Comprehensive Primary Care Functions and provide you with supporting resources and information to help you succeed in your care delivery work. Please see Table 4 for upcoming learning topics and Table 5 for a Q1 2017 calendar of events.

Table 4: Upcoming Learning Topics*

Onboarding Series Topics	Care Delivery Series Topics
Welcome to CPC+	Overview of Care Delivery Model
Practice Portal and CPC+ Connect	Access and Continuity
Use of Enhanced, Accountable Payment	Care Management
Optimal Use of Health IT for Track 2 Practices	Comprehensiveness and Coordination
Continuous Improvement Driven by Data	Planned Care and Population Health
Requirements, Reporting, and Monitoring	Patient and Caregiver Engagement

*Where applicable, learning topics are supported by Open Office Hours sessions

Table 5: Calendar of Events Q1 2017 (Save the Date!)

January 2017	February 2017	March 2017
Wednesday, January 11 Thursday, January 19 Wednesday, January 25 Thursday, January 26	Thursday, February 2 Wednesday, February 8 Thursday, February 16 Thursday, February 23	Thursday, March 2 Wednesday, March 8 Thursday, March 16 Wednesday, March 22 Thursday, March 30

* All events 4:00 – 5:00 pm ET

Note: while events are intended for all CPC+ practices, other stakeholders including payers, health IT vendors, and partners are also welcome to participate. In addition, all webinars will be recorded and made available on demand after the initial delivery date. Please watch for

registration links and specific dates for these upcoming events in the CPC+ newsletter, *On the Plus Side*.

B. Plan ahead

To assist your planning, Table 6 summarizes upcoming assessment, payment, and evaluation activities of which you should be aware.

Table 6: Upcoming Assessment, Payment, and Evaluation Activities

Item	Purpose	Expected Date
A. Assessment		
Baseline Assessment	To identify learning opportunities and topics for national learning webinars and action groups <input checked="" type="checkbox"/> Practices to complete baseline assessment	Early January 2017 (Q1)
B. Payments		
Care Management Fees (CMF)	To support augmented staffing and training for delivering comprehensive primary care <input checked="" type="checkbox"/> Practices begin to receive payment	January – March 2017 (Q1)
Performance-Based Incentive Payment (PBIP)	To reward practice performance on utilization and quality of care <input checked="" type="checkbox"/> Practices begin to receive payment	January – March 2017 (Q1)
Comprehensive Primary Care Payments (CPCP) – <i>Track 2 Only</i>	To reduce dependence on visit-based FFS to offer flexibility in care setting <input checked="" type="checkbox"/> Practices begin to receive payment	April – June 2017 (Q2)
C. Evaluation		
Practice survey	To track CPC+ practices' changes to care delivery and perceptions of CPC+ and collect information on practice characteristics <input checked="" type="checkbox"/> Practices complete practice survey	February – May 2017
Clinician and staff survey	To understand the impact of CPC+ on practice culture, teamwork, and clinician/staff satisfaction <input checked="" type="checkbox"/> Practices complete clinician and staff survey	Late 2017 – January 2018
Early telephone calls with practices*	To gain practices' insight into CPC+ onboarding process and any early challenges implementing CPC+ <input checked="" type="checkbox"/> A randomly selected sample of 12 practices participates in interviews	September 2017 (Q3)
"Deep-dive" practice site visits*	To understand how practices approach the CPC+ aims and change their care delivery, and the barriers and facilitators that influence their work <input checked="" type="checkbox"/> Pilot testing of interview protocol in three to four practices	Fall 2017
System-level interviews*	To understand how systems support CPC+ work and the spread of CPC+ activities to non-CPC+ practices <input checked="" type="checkbox"/> Pilot testing of interview protocol in three systems	Fall 2017
<i>*Will only be conducted with a sample of CPC+ practices</i>		

Item	Purpose	Expected Date
D. Quarterly Reporting		
Care Delivery Reporting	To understand and monitor CPC+ practice progress and patterns of care <input checked="" type="checkbox"/> Practices prepare and submit Care Delivery quarterly reports	Quarterly (March, June, September, December 2017)
Forecast and Expense Reporting	To help practices plan and prioritize use of CPC+ resources, and to understand how practices allocate alternative payments <input checked="" type="checkbox"/> Practices prepare and submit Forecast and Expense quarterly reports	June 2017 (Q2) and December 2017 (Q4)
D. eCQM Reporting		
eCQM Reporting	To measure quality outcomes and support practice quality improvement <input checked="" type="checkbox"/> Practices prepare and submit eCQM reports	Early 2018*

* Note: Selection of eQMs needs to occur by January 1, 2017

C. Keep up with CPC+ news and updates

The best way to keep up with CPC+ updates is by following the weekly newsletter, *On the Plus Side*, which we distribute every Friday through email. The CPC+ newsletter contains programmatic updates, a calendar of events and deadlines, and other key information. We have automatically added a contact at your practice to the newsletter distribution list. To update your practice contacts or to change who receives the newsletter on behalf of your practice, please contact CPC+ Support.

We will also regularly post updates and important resources including copies of all newsletters, webinar slides, and webinar recordings to CPC+ Connect, an online collaboration platform which will be available in January 2017.

Contact Us with Questions

For questions related to CPC+, please contact CPC+ Support:

1-888-372-3280 (toll-free) from 8 am – 1 am ET

CPCPlus@telligent.com

Please have your CPC+ ID ready if you call or include it in the subject line of emails to CPC+ Support. Your CPC+ ID is an eight-digit ID that consists of a Track identifier, a two-letter region identifier, and a unique four-digit number (for example: T1 [Track 1] AR [Arkansas] 0001 [unique four-digit code]). You received your CPC+ ID in your acceptance email. If you cannot locate your CPC+ ID, please contact CPC+ Support.

Appendix A. Glossary of Acronyms

Acronym	Description
AHRQ	Agency for Healthcare Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEHRT	Certified Electronic Health Record Technology
CMF	Care Management Fee
CMS	Centers for Medicare & Medicaid Services
CPC+	Comprehensive Primary Care Plus
CPC+ Connect	Comprehensive Primary Care Plus Connect Site
CPCP	Comprehensive Primary Care Payment
eCQM	Electronic Clinical Quality Measure
EFT	Electronic Funds Transfer
EHR	Electronic Health Record
EIN	Employer Identification Number
E&M	Evaluation and Management Services
ePortal	CMS Enterprise Portal
FFS	Medicare Fee-For-Services
Health IT	Health Information Technology
MOU	Memorandum of Understanding
MSSP	Medicare Shared Savings Program
NPI	National Provider Identifier
PA	Participation Agreement
PBIP	Performance-Based Incentive Payment
PFAC	Patient and Family Advisory Council
TIN	Tax Identification Number

Appendix B. Getting CPC+ Practice Portal Access

Your application contact or your practice contact (as noted on your CPC+ application) must submit a list of individuals at the practice who will receive access to the CPC+ Practice Portal. Please submit your list to CPC+ Support by phone or email. We encourage you to ensure that multiple people at each practice site have CPC+ Practice Portal access. This will allow your practice to complete requirements and access your CPC+ information even in the event of staff changes or unexpected absences.

For each Practice Portal user at your practice, you must send CPC+ Support the following information:

- First Name
- Last Name
- Email
- Phone
- Practice Role
- CPC+ Practice Site ID(s)
- CMS ePortal/EIDM User ID

Step 1: New User Registration for the CMS Enterprise Portal (ePortal)

1. Navigate to <https://portal.cms.gov/>.
2. Select **New User Registration** in the CMS Secure Portal box.



Figure 2: Portal Home – Begin Registration

3. Read the **Terms and Conditions**.
4. Select **I agree to the terms and conditions**.
5. Select **Next**.

The screenshot displays the 'New User Registration' page on the CMS.gov Enterprise Portal. The page is titled 'Terms and Conditions' and includes sections for 'Consent To Monitoring', 'Protecting Your Privacy', and 'Collection Of Personal Identifiable Information (PII)'. At the bottom, there is a checkbox labeled 'I agree to the terms and conditions' which is checked. Below this checkbox are two buttons: 'Cancel' and 'Next'. A red box highlights the 'Next' button, and a red arrow points to it from the right. The page also features a search bar at the top right and a 'Screen reader mode On' indicator at the top left.

Figure 3: New Registration – Terms and Conditions

6. Fill out Your Information.

Note: Required fields are marked with an asterisk. Tool tips are provided for all fields.

7. Select **Next** once all fields are complete.

Screen reader mode Off | Accessibility Settings

Your Information Your Information Your Information

Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

* First Name: Middle Name:

* Last Name: Suffix:

Enter your E-mail address, as it will be used for account related communications.

* E-mail Address:

Re-enter your E-mail address.

* Confirm E-mail Address:

Enter your full 9 digit Social Security Number, as it may be required for Identity Verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

* Date of Birth:

☒ U.S. Home Address ☐ Foreign address

Enter your current or most recent home address, as it may be required for Identity Verification.

* Home Address Line 1:

Home Address Line 2:

* City: * State: * Zip Code: Zip Code Extension: Country: USA

Enter your primary phone number, as it may be required for Identity Verification.

* Primary Phone Number:

Figure 4: Your Information

8. Choose your User ID and Password.
9. Select and answer three challenge questions.
Note: All fields are required and contain tool tips.
10. Select **Next** once all fields are complete.

The screenshot shows a registration form with two main sections. The first section, 'Choose User ID And Password', includes three input fields: 'User ID', 'Password', and 'Confirm Password'. The second section, 'Select your Challenge Questions and Answers:', contains three dropdown menus for questions and three corresponding text input fields for answers. At the bottom of the form are 'Cancel' and 'Next' buttons. A progress bar at the top indicates the current step in the registration process.

Figure 5: Choose User ID and Password and Challenge Questions

11. Once you have completed the required fields, you will be prompted with an “Account Successfully Created” screen.
12. Select **OK**.

The screenshot displays a confirmation screen titled 'Account Successfully Created'. It contains a message stating that the account has been successfully created on the CMS Enterprise Portal and that an email acknowledgment will be sent. Below this, it provides instructions for logging in, including a 5-minute wait time. An 'OK' button is centered at the bottom of the screen. A progress bar at the top shows the 'Complete Registration' step as the final step in the process.

Figure 6: Account Successfully Created

Step 2: Requesting IC Access

After you receive a user account for the CMS ePortal, you must request access to the Innovation Center (IC) application within the CMS ePortal (<https://portal.cms.gov/>).

1. Select **Login to CMS Secure Portal**

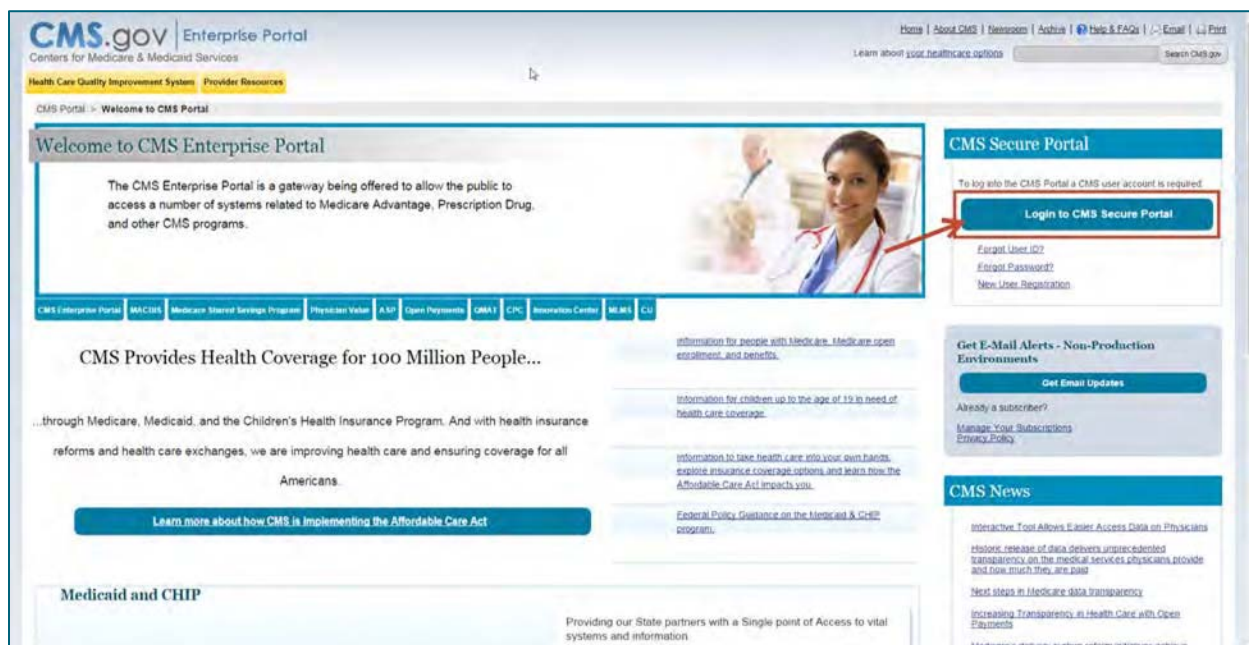


Figure 7: Portal Home – Log-in

2. Select **I Accept** on the Terms and Conditions screen.

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | ? Help & FAQs | Email | Print

Health Care Quality Improvement System | Provider Resources

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

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

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

I Accept Decline

Figure 8: Terms and Conditions

3. Enter existing User ID information.
4. Select **Next**.



CMS.gov | Enterprise Portal
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Welcome to CMS Enterprise Portal

User ID

Next Cancel

[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

Figure 9: User ID Log-In Screen

5. Enter existing Password information.
6. Select **Log In**.



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Centers for Medicare & Medicaid Services

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Health Care Quality Improvement System | Provider Resources

Welcome to CMS Enterprise Portal

Password

Log In Cancel

[Forgot Password?](#)

Figure 10: Password Log-In Screen

Note: After successful log-in, you will be directed to the Portal main page.

7. Select **Request Access Now**.

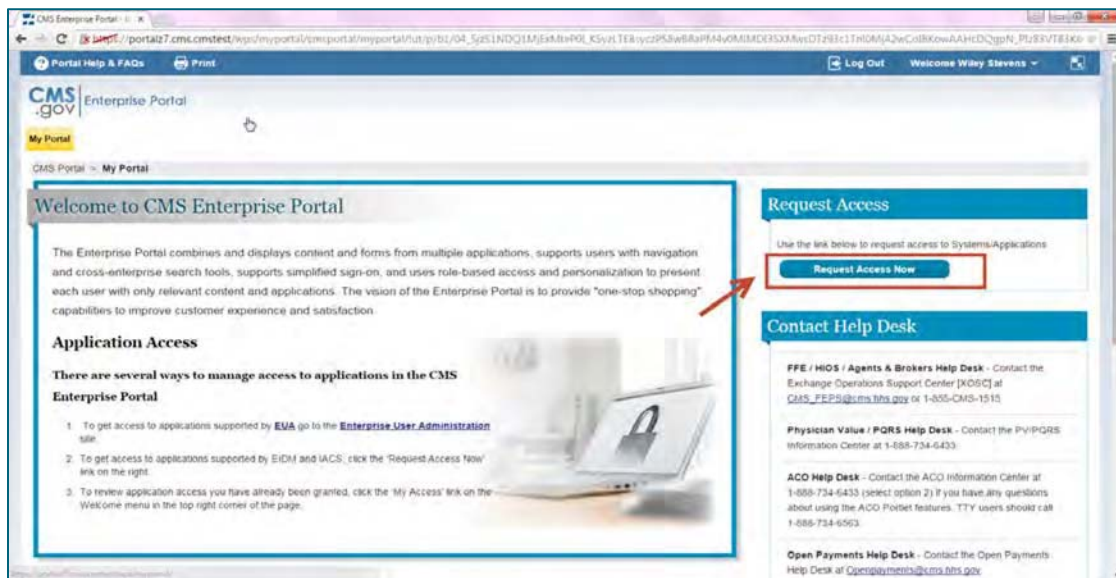


Figure 11: Request Access Now

8. Enter "IC" in the Search box and **search**.

9. Select **Request Access**.

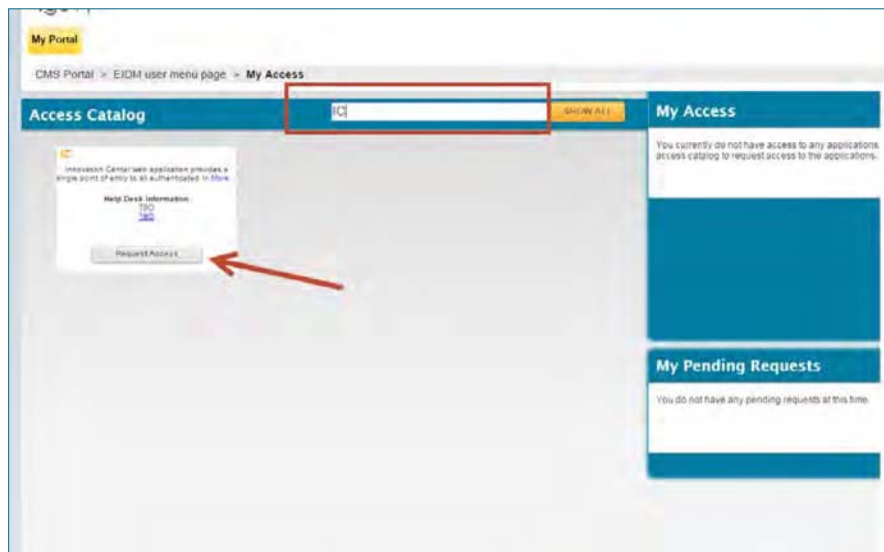


Figure 12: Access Catalog

Note: The Innovation Center system description will be pre-populated.

10. Select the “Innovation Center Privileged User” role.

11. Enter an appropriate note to the approver to ensure application access is approved.

Note: In the “Notes to Approver” field, CPC+ Practices should enter “CPC+ Practice Site requesting access to CPC Web”.

12. Select **Submit**.

Figure 13: Request New System Access

13. Select **Next** to proceed to Identity Verification.

CMS.gov Enterprise Portal

My Portal

CMS Portal > EIDM User Menu > My Access

Screen reader mode Off | Accessibility Settings

My Access

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

Identity Verification

To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

- Ensure that you have entered your legal name, current home address, primary phone number, date of birth and E-mail address correctly. We will only collect personal information to verify your identity with Experian, an external Identity Verification provider.
- Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
- You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website -<http://www.experian.com/help/>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. To continue this process, select 'Next'.

[Cancel](#) [Next](#)

Figure 14: Identity Verification

14. Read the **Terms and Conditions**.

15. Select **I agree to the terms and conditions**.

16. Select **Next**.

Screen reader mode Off | Accessibility Settings

My Access

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

Terms and Conditions

OMB No: 0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

Protecting Your Privacy

Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the [CMS Privacy Act Statement](#), which describes how we use the information you provide.

Personal information is described as data that is unique to an individual, such as a name, address, telephone number, social security number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.

HHS Rules Of Behavior

We encourage you to read the [HHS Rules of Behavior](#), which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.

I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

Identity Verification

I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.

☐ I agree to the terms and conditions

[Cancel](#) [Next](#)

Figure 15: Terms and Conditions

17. Complete the required fields on the Your Information screen.

18. Select **Next**.

The screenshot shows a registration form titled "Your Information". It contains several sections with input fields and labels:

- Name Section:** "Enter your legal first name and last name, as it may be required for Identity Verification." Includes fields for "First Name", "Last Name", "Middle Name", and a "Suffix" dropdown menu.
- Email Section:** "Enter your E-mail address, as it will be used for account related communications." Includes an "E-mail Address" field and a "Confirm E-mail Address" field.
- Social Security Section:** "Enter your full 9 digit social security number, as it may be required for Identity Verification." Includes a "Social Security Number" field.
- Date of Birth Section:** "Enter your date of birth in MM/DD/YYYY format; as it may be required for Identity Verification." Includes a "Date of Birth" field.
- Address Section:** Radio buttons for "U.S. Home Address" (selected) and "Foreign address". Below is the instruction "Enter your current or most recent home address, as it may be required for Identity Verification." and fields for "Home Address Line 1", "Home Address Line 2", "City", "State" (dropdown menu), "Zip Code", "Zip Code Extension", and "Country" (set to "USA").
- Phone Section:** "Enter your primary phone number, as it may be required for Identity Verification." Includes a "Primary Phone Number" field.

Figure 16: Your Information

19. Enter the required information on the **Verify Identity** page for the Remote Identity Proofing (RIDP) check.

20. Select **Next**.

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)

[View and Manage My Access](#)

Your Information **Verify Your Identity**

Verify Identity

You may have opened an auto loan in or around December 2013. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF 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
☐ SEARS
☐ NONE OF THE ABOVE/DOES NOT APPLY

Figure 17: Verify Identity

Note: Upon successful completion of the “Verify Identity” page, you will be prompted with a success message.

21. Select **Next**.

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 18: Complete Step Up

Note: After completing the RIDP process, you will be directed to the “Multi-Factor Authentication Information” page

22. Select **Next**.



Figure 19: MFA Information Confirmation

23. Register your phone, computer, or email for Multi-Factor Authentication Information. The Symantec software must be downloaded first.

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

24. Enter the credential ID and description once the software is downloaded and launched.

25. Select **Next**.

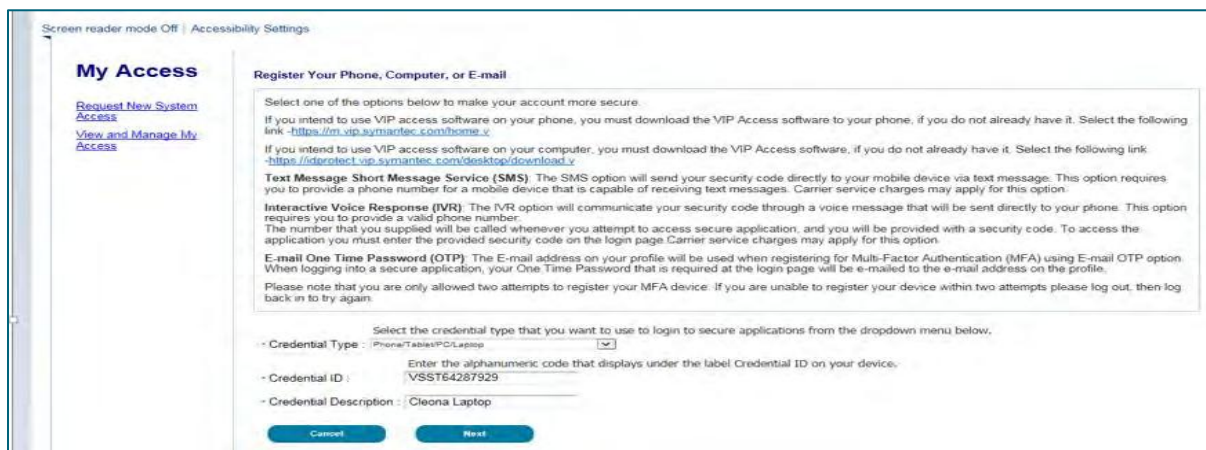


Figure 20: Secure Registration Screen

Note: Upon successful completion of the “Register Your Phone, Computer, or Email” page, you will be prompted with a success message.

26. Select **OK**.



Figure 21: Secure Registration Confirmation

27. Select **OK** on the Request Acknowledgment screen to view your pending request.

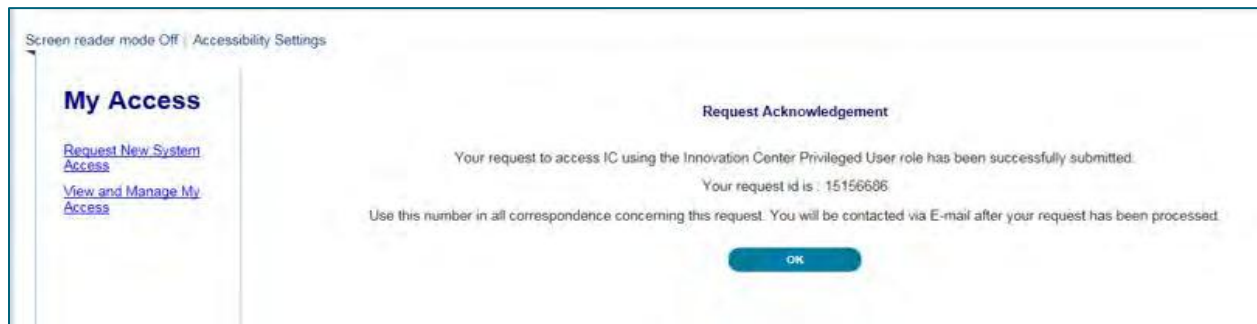


Figure 22: Request Acknowledgement

Once the request has been approved by the IC Application Approver, you will be informed via email. When you return to <https://portal.cms.gov/> and log in, the Innovation Center will display as one of the menu options. From here you will be able to request access to the CPC+ Practice Portal.

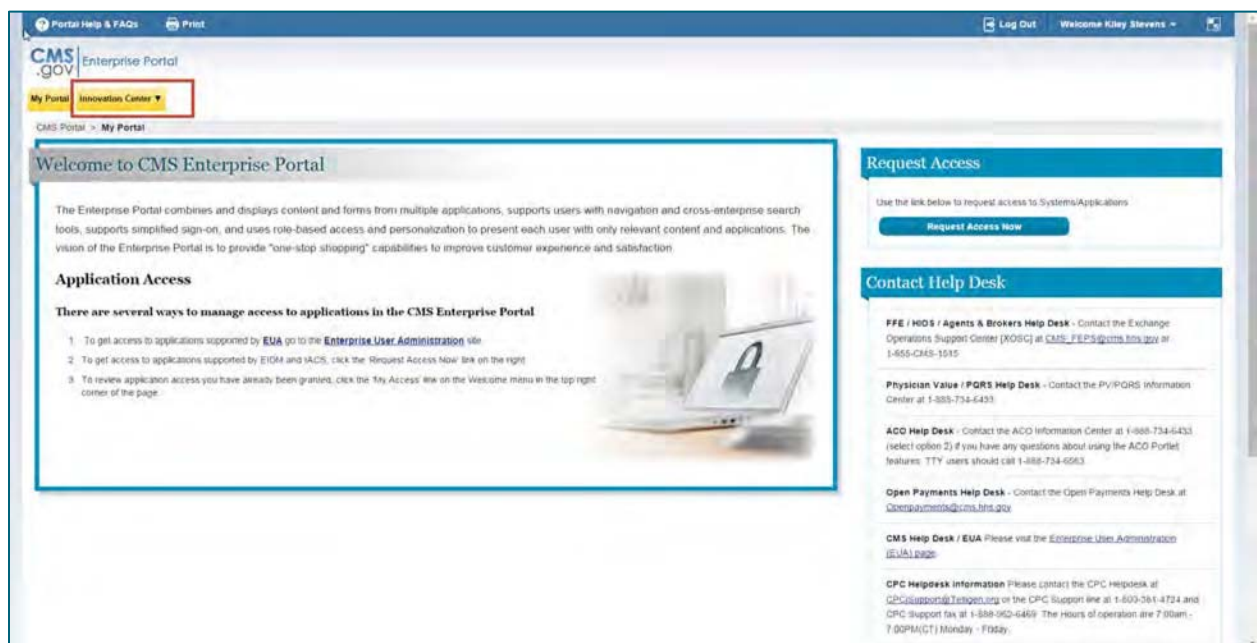


Figure 23: CMS ePortal After Log-in – IC Mega Menu

Step 3: Requesting Access to the CPC+ Practice Portal

Once you have successfully created a CMS ePortal account and have been approved for an IC role, you must request access to launch the CPC+ Practice Portal. You will request access from the CMMI Request Access page.

1. Select **Application Console** from the Innovation Center drop-down list.

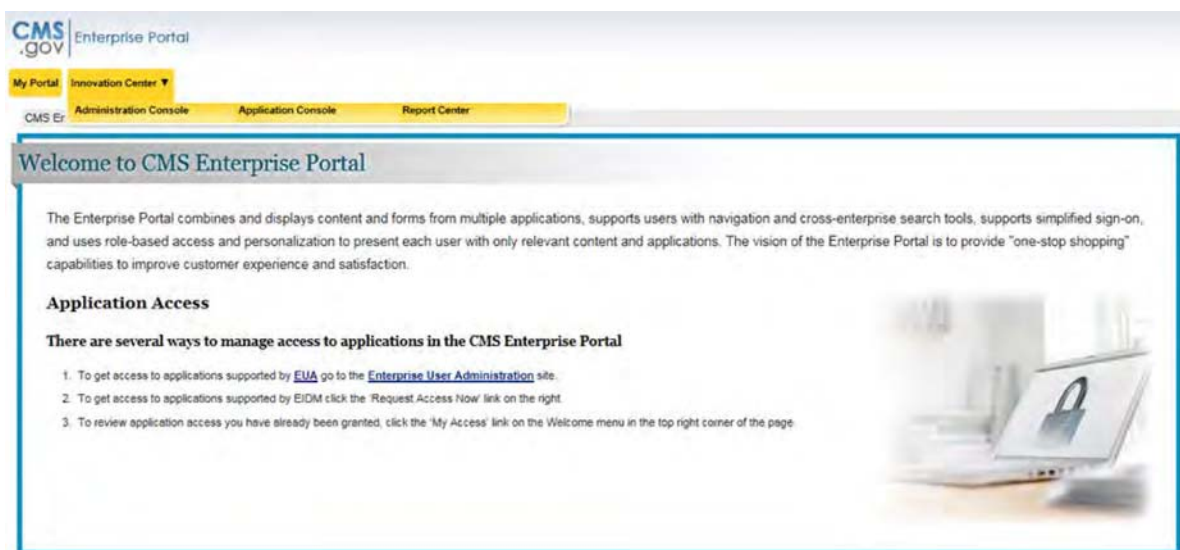


Figure 24: Portal After Log-in – IC Mega Menu

2. Select **Request New Access** to put in a request.

Note: The Request Access section consists of a Request New Access button, a Search text field and button, and Filter buttons that allow the user to see the status of applications that have had requests submitted and are Pending, Approved, Rejected, or all.

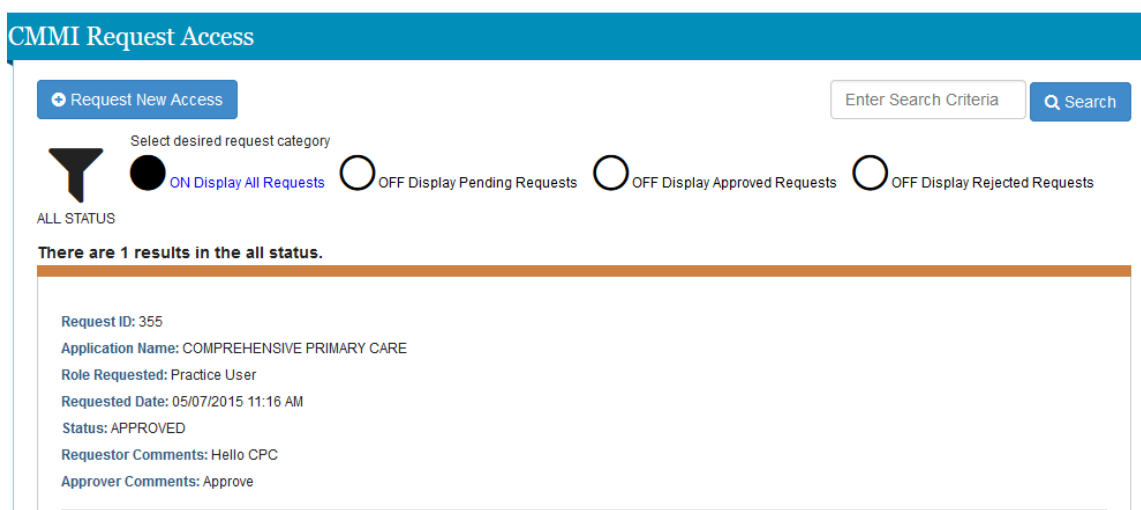



Figure 25: Request Access Screen

3. Upon selection of “Request New Access”, you will be prompted to complete a form requesting the Application Name, desired User Role, and Comments about your request.



CMMI Request Access

Please note: * indicates a mandatory field

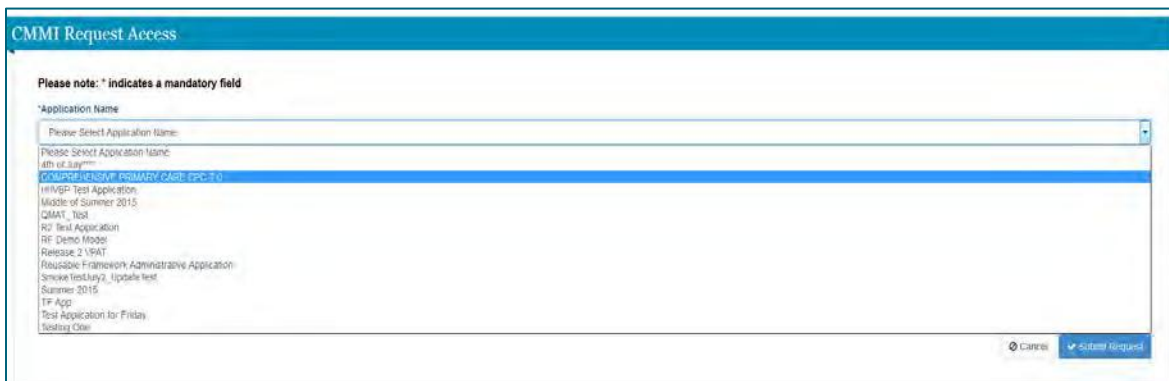
***Application Name**
Please Select Application Name

***User Role**
Please Select User Role

***Comments**
Write a comment...
500 Character(s) remaining.

Figure 26: Application and Role Selection – Request Access Screen

4. Select Comprehensive Primary Care (CPC) from the Application Name drop-down list.



CMMI Request Access

Please note: * indicates a mandatory field

***Application Name**
Please Select Application Name

- Please Select Application Name
- 4th of July
- COMPREHENSIVE PRIMARY CARE: CPC-3.0**
- HIVSP Test Application
- Middle of Summer 2015
- QMAT - Test
- RF Test Application
- RF Demo Model
- Release 2 V/PAT
- Reusable Framework Administrative Application
- Smoke Testing - Update test
- Summer 2015
- TF App
- Test Application for Friday
- Testing One

Figure 27: Application Name Selection – Request Access Screen

5. Select the appropriate User Role from the “User Role” drop-down list.

The screenshot shows the 'CMMI Request Access' form. At the top, a blue header bar contains the title. Below it, a note states: 'Please note: * indicates a mandatory field'. The form has two main sections: 'Application Name' and 'User Role'. The 'Application Name' dropdown is set to 'COMPREHENSIVE PRIMARY CARE (CPC-TP)'. The 'User Role' dropdown is open, showing a list of roles: 'CPC Business Owner', 'CPC CMMI USER', 'CPC_ADMIN_USER', 'CPC_ID_USER', 'CPC_MARINE_USER', 'CPC_PRACTICE_USER', and 'CPC_SUPPORT_USER'. A character count at the bottom left indicates '550 Character(s) remaining'. At the bottom right, there are 'Cancel' and 'Submit Request' buttons.

Figure 28: User Role Selection – Request Access Screen

Note: If an application and role have custom attributes, then the attribute label and text box will display for the user to complete. Selecting the “Cancel” button will return the user to the “Request Access” screen.

6. Select **Submit Request** to complete your request once all of the required fields are completed.

This screenshot shows the 'CMMI Request Access' form with the 'Application Name' set to 'COMPREHENSIVE PRIMARY CARE (CPC-TP)' and the 'User Role' set to 'CPC_PRACTICE_USER'. Below these, there is a 'Zip Code' field with a placeholder 'Enter a Zip Code'. A 'Comments' section with a text area and a 'Comments' label is also visible. A character count at the bottom left shows '550 Character(s) remaining'. A red error message is displayed: 'Request for access was rejected as a request with these values already exists.' At the bottom right, there are 'Cancel' and 'Submit Request' buttons.

Figure 29: Application and Role Selection with Attribute Label – Request Access Screen

Note: If the requested application and role has already been made, the system will notify the requestor with an error message at the top of the screen.

This screenshot shows the 'CMMI Request Access' form with the 'Application Name' set to 'Testing Custom Attributes' and the 'User Role' set to 'TCA User'. A red error message is displayed at the top: 'Request for access was rejected as a request with these values already exists.' At the bottom right, there are 'Cancel' and 'Submit Request' buttons.

Figure 30: Application and Role Selection with Error Message – Request Access Screen

7. Once the CPC Web request has been submitted, you will return to the Request Access screen, where you will see the Pending application request.

Step 4: Accessing the CPC+ Practice Portal

This section describes the process to log into the CPC+ Practice Portal.

1. Access <https://portal.cms.gov/>.
2. Select **Login to CMS Secure Portal**.

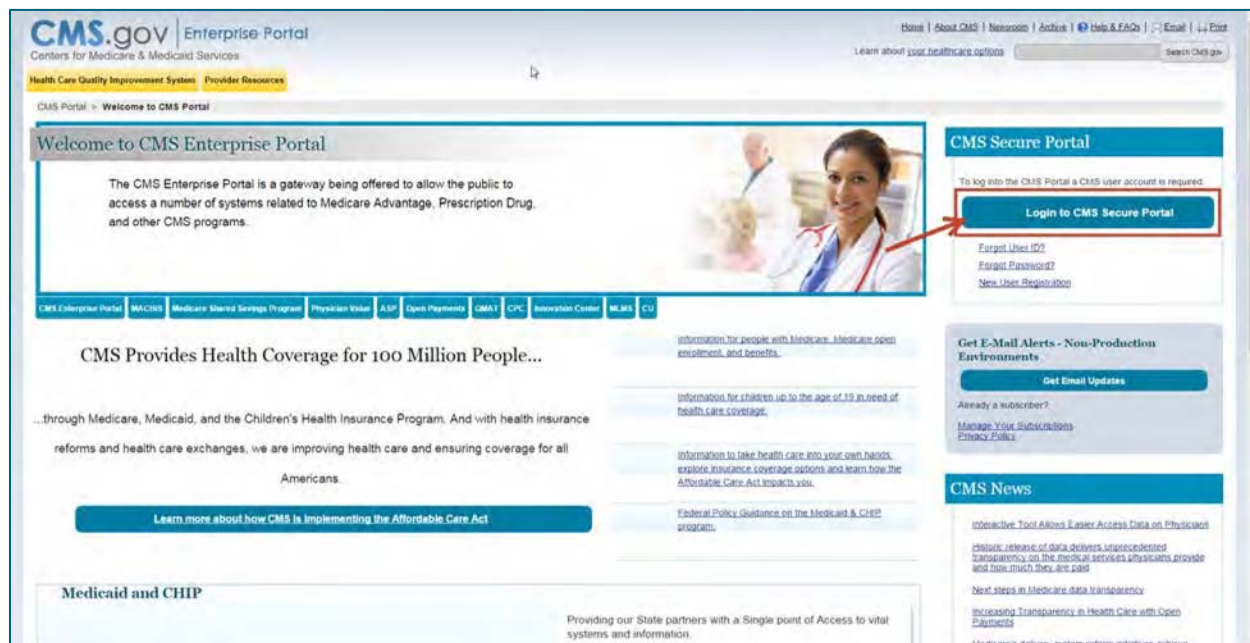


Figure 32: ePortal Home – Log In

3. Select **I Accept** on the Terms and Conditions screen.

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

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Health Care Quality Improvement System | Provider Resources

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

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

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

[I Accept](#) [Decline](#)

Figure 33: Terms and Conditions – Log In

4. Enter existing User ID information.
5. Select **Next**.

The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, the CMS.gov logo is followed by 'Enterprise Portal' and 'Centers for Medicare & Medicaid Services'. Navigation links include Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Two yellow buttons are present: 'Health Care Quality Improvement System' and 'Provider Resources'. A blue banner reads 'Welcome to CMS Enterprise Portal'. The main content area has a light blue background. A 'User ID' input field is highlighted with a red box and a red arrow. Below it, a 'Next' button is also highlighted with a red box and a red arrow. A 'Cancel' button is to the right of the 'Next' button. Below the buttons, there are links for 'Forgot User ID?' and 'Need an account? Click the link - New user registration'.

Figure 34: User ID Log-in Screen

6. Enter existing password information, select multi-factor authentication (MFA) device type and enter security code.
7. Select **Log In**.

Welcome to CMS Enterprise Portal

Enter Security Code

A Security Code is required to complete your login.

To retrieve a Security Code, please select the Phone, Computer, or E-mail that you registered as your Multi-Factor Authentication(MFA) device when you originally requested access, from the MFA Device Type dropdown menu below.

Security Codes expire, be sure to enter your Security Code promptly.

Unable to Access Security Code?

If you are unable to access a Security Code, you may use the "Unable To Access Security Code?" link. To use this link you will be directed away from this page. For security purposes, you will be prompted to answer your challenge questions before the Security Code is generated. The Security Code will be sent to the email address in your profile. You will be required to login again with your User ID, Password and Security Code.

You may also call your Application Help Desk to obtain a Security Code.

After you receive the Security Code using this link or from your Help Desk, you must select the 'One-Time Security Code' option from the MFA Device Type dropdown menu.

Need to Register an MFA Device?

If you have not registered an MFA device and would like to do so now, you may use the "Register MFA Device" link. For security purposes you will be prompted to login again and answer your challenge questions before registering an MFA device.

Password:

MFA Device Type:

Security Code:

[Log In](#)

[Cancel](#)

[Forgot Password?](#)

[Unable to Access Security Code?](#)

[Register MFA Device](#)

Figure 35: Password Log-in Screen

Upon successful ePortal log-in, you will be directed to the CMS ePortal Home Page where Innovation Center will be one of your menu items at the top of the page.

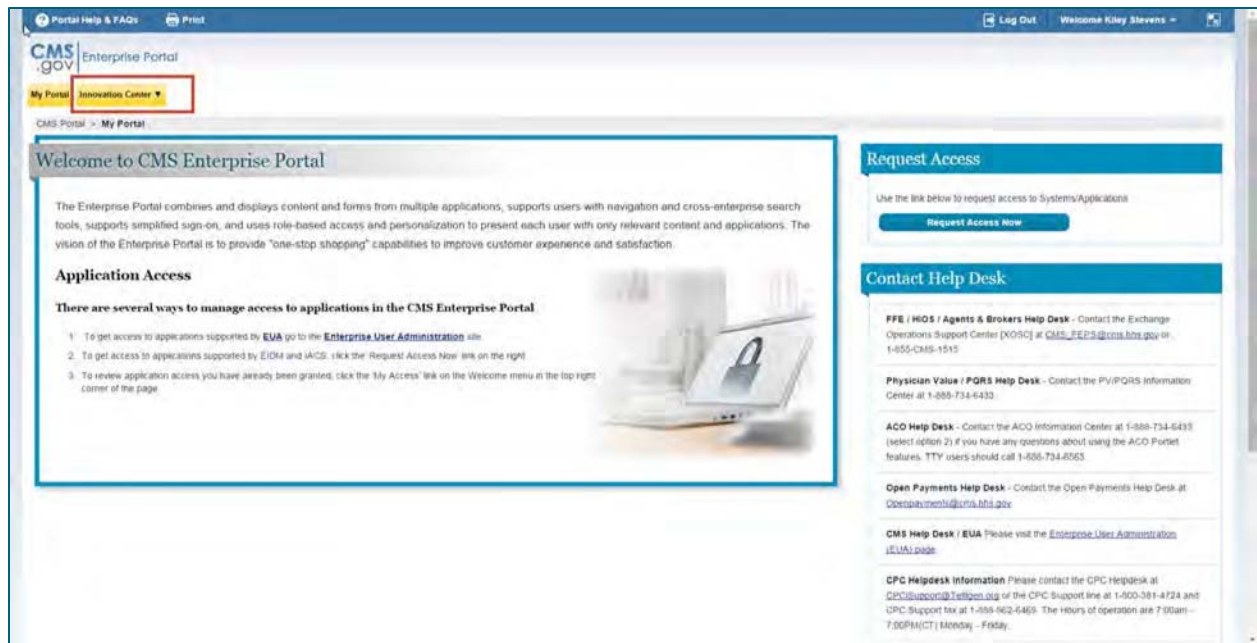


Figure 36: CMS Enterprise Portal Home

8. Select Application Console from the Innovation Center drop-down list.

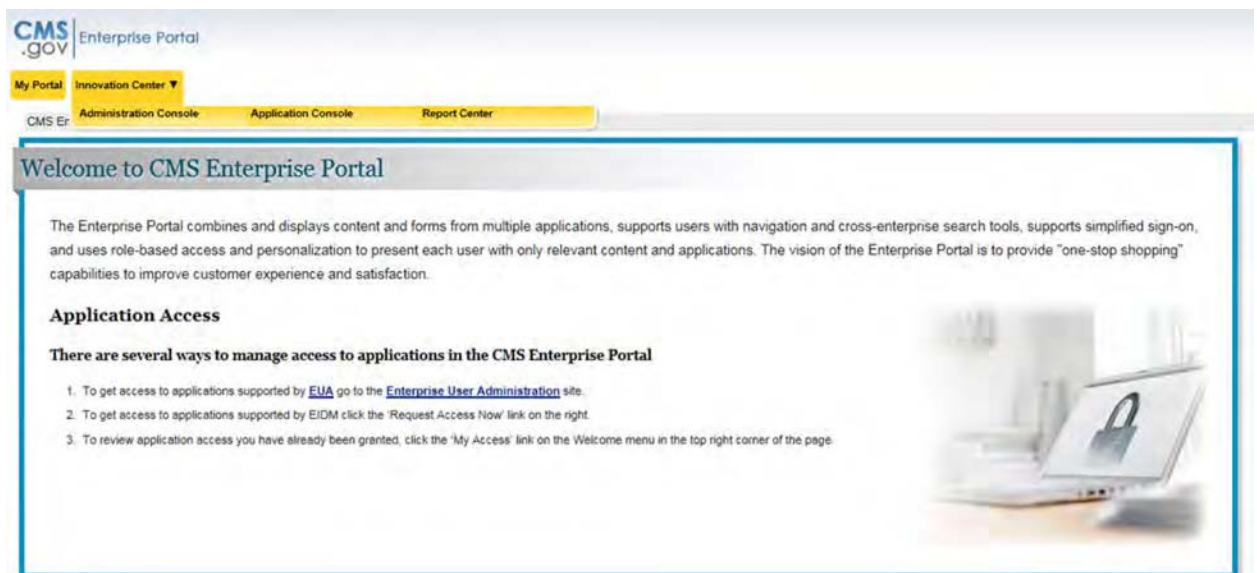


Figure 37: Innovation Center Menu

9. The Innovation Center landing page will display.



Figure 38: Launching the CPC+ Practice Portal

10. Select **Launch CPC App** to be directed to the CPC+ Practice Portal.

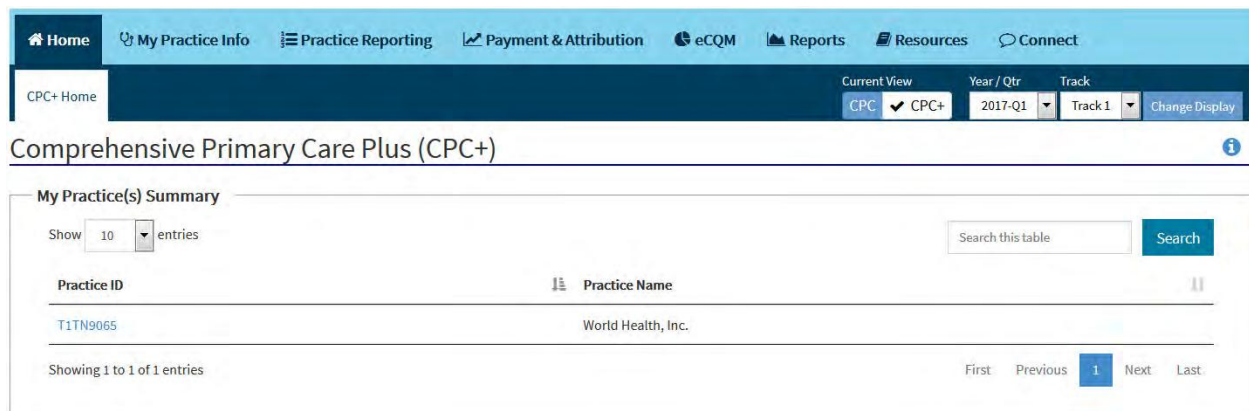


Figure 39: CPC+ Home

Appendix C. Updating Practice Information

Note: This Appendix references the *CPC+ Web Practice User Manual*, which will be available for download on the CPC+ Connect site when it goes live in January 2017. You will be able to access the *CPC+ Web Practice User Manual* once you receive access to CPC+ Connect.

C.1 Updating Demographic Information

The Demographic Information page displays your practice's demographic information, points of contact, and health IT information. To edit these fields:

1. Select **Update Information**.
2. Make changes to desired fields.
3. Select **Save**.

Note: If you choose to enter Secondary Contact information, all fields in this section are required unless otherwise noted.

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Current View: CPC
Year / Qtr: 2017 Q1
Track: Track 1
Change Display

CPC > My Practice Info > Demographic Information > Demographic Information
Practice: T1TN065 - World Health, Inc.
Switch Practice

Demographic Information

[Update Information](#)

Demographic Information

Practice Name (Legal Entity Associated with Medicare TIN)
World Health, Inc.

Practice Site Name
World Health, Inc.

Practice DBA Name
World Health, Inc.

Street Address 1
RFD 32

Street Address 2 (optional)

City
Madison

State
TN

Zip Code
33333-3333

Practice Site Phone Number
301-000-0000

Ext. (optional)

Practice Site Fax Number (optional)
301-000-0000

Hide

Is your practice owned by a larger health care organization, such as a group practice 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
Jackson

Middle Name (optional)

Last Name
ESTEVEZ

Title/Position
Office Manager

Telephone
301-600-0000

Ext. (optional)

Email
je@www.com

Hide

Secondary Contact (optional)

Prefix (optional)
Please Select

First Name
Amy

Middle Name (optional)

Last Name
Williams

Title/Position
Office Manager

Telephone
301-800-0000

Ext. (optional)

Email
amy@www.com

Clinical Leader Contact

Prefix (optional)
Please Select

First Name
Jackson

Middle Name (optional)

Last Name
Gold

Title/Position
Office Manager

Email
jg@www.com

Health Information Technology Contact

Prefix (optional)
Please Select

First Name
Andy

Middle Name (optional)

Last Name
Jackson

Title/Position
Office Manager

Business Phone Number
301-300-0000

Ext. (optional)

Alternative Phone Number (optional)
301-300-0000

Email
aj@www.com

Street Address 1
17000 WayOut There Lane

Street Address 2 (optional)

City
Oak Ridge

State
TN

Zip Code
20202

Save Clear Cancel

Figure 40: Demographic Information

C.2 Updating Practice Information

The Practice Information page enables you to view your Health Information Technology Details and Organization Details (including TIN). This page is read-only by default.

If you want to edit:

1. Select **Update Information**.
2. Make changes to desired fields.
3. Select **Save**.

If you want to initiate a TIN and/or an Organizational Detail Change:

1. Select **TIN/Org Change** (available only when the Practice Information page is read-only).
2. The system navigates to the **TIN/Organizational Change** page.

C.3 Updating TIN/Organizational Detail

The TIN/Organizational Change page displays the details necessary to request a TIN and/or an Organizational Detail Change for a practice.

If you want to request a change:

1. Complete the **TIN/Organizational Details Change**.
2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 of the *CPC+ Web Practice User Manual* for instructions on uploading a file.
3. Attest the accuracy of the information provided by completing the **Confirmation**.
4. Select **Save** to submit the request.

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CPC+ > My Practice Info > Practice Information > TIN/Organizational Change

TIN/Organizational Change

Practice Information

Practice Point-of-Contact (POC)

Jackson ESTEVES

Practice ID #

T1TN9065

CPC+ Track

Track 1

Practice Name

World Health, Inc.

TIN/Organization Details

I need to request a change to my organizational information for:

☒ TIN Change

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 we will resubmit our banking information by completing the 588 form (in the Resources section of the Practice Portal)

Practice Current TIN (optional)

Practice New TIN

Effective Date of TIN Change (MM/DD/YYYY)

☒ Organizational Detail Change

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

☐ Change to Practice Name
 ☐ Change in Practice ownership

Effective Date of Organization Change (MM/DD/YYYY)

Supporting Documentation

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

Choose File

Clear

Existing Documents

Show 10 entries

Search this table

Search

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 practice information above and confirm that it is accurate to the best of my knowledge.

First Name

Last Name

Position with CPC Practice Site

Date

Save

Clear

Back

Figure 41: TIN/Organizational Change

CPC+

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Appendix D. Adding and Withdrawing Practitioners

Note: This Appendix references the *CPC+ Web Practice User Manual*, which will be available for download on the CPC+ Connect site when it goes live in January 2017. You will be able to access the *CPC+ Web Practice User Manual* once you receive access to CPC+ Connect.

D.1 Updating Rosters

The Composition page enables you to view and maintain your practice's Practitioner and Staff Rosters. This information ensures the practices receive accurate CMF, PBIP, and CPCP (Track 2) payments.

If you want to complete your practice's composition information:

1. Complete the **Practice Composition**.
2. Verify **Practitioner Roster** and **Staff Roster** information.
3. Attest the accuracy of the information provided by completing the **Confirmation**.
4. Select **Save**.

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

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

If you want to export your roster(s):

1. Select **Export Roster**.
2. Open or save the **PracticeID_ClinicianRoster** or **PracticeID_NonClinicianStaffRoster** in Excel file format.

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

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2017-Q1

Track 1

Change Display

CPC+ > My Practice Info > Composition > Composition

Practice

T1TN9065 - World Health, Inc.

Switch Practice

Composition

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

You should verify the information below and confirm the status of the Clinician(s) as active or withdrawn. In addition, if your practice has any new Clinicians 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 Clinicians providing care at your CPC+ practice sites.

☐ All Clinicians at my practice participate in CPC+ and are listed in the table below.
 ☐ In addition to the Clinicians listed in the table below, my practice has Clinicians who do not participate in CPC+.

Clinician Roster

Show 10 entries

Search this table

Search

Clinician Name	Primary Specialty	NPI	Clinician Status	Employment Status	Estimated Weekly Hours	Date Withdrawn	Select
Aida James	Family Medicine	1234567890	Withdrawn	Part-Time	30	11/10/2016	<input type="checkbox"/>
Alice-May Haskins	Geriatric Medicine	398909	Active	Full-Time			<input type="checkbox"/>
Amanda Bruke	Family Medicine	1234567890	Pending Add	Full-Time	50		<input type="checkbox"/>
Sarah Antony Smith	Geriatric Medicine	1234567890	Pending Withdraw	Full-Time	45		<input type="checkbox"/>
Thomas J Simmons	Geriatric Medicine	1234567890	Incomplete Add	Full-Time	50		<input type="checkbox"/>
Tony Parker	Geriatric Medicine	1234567890	Incomplete Withdraw	Full-Time	50		<input type="checkbox"/>

Showing 1 to 6 of 6 entries

First Previous 1 Next Last

Add

Withdraw

Export Roster

Non-Clinician 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
Kim Johnson	Practice Supervisor/Practice Manager	Yes	Full-Time	45	<input type="checkbox"/>

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Add

Delete

Export Roster

Confirmation

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

First Name

Last Name

Position with CPC Practice Site

Date

Save

Clear

Cancel

Figure 42: Composition

Practitioner Roster

The Practitioner Roster displays the details of each practitioner associated with a practice, including the Practitioner Name, Primary Specialty, NPI, Status, Employment Status, and Estimated Weekly Hours.

Table 7 illustrates actions you can initiate from the **Practitioner Roster** section.

Table 7: Practitioner Roster Actions

If you want to...	Then...
Submit a request to add a New Practitioner	<ul style="list-style-type: none">• Select Add from the Practitioner Roster• Selecting Add navigates you to the Add New Practitioner page• Refer to the Add New Practitioner section for actions you can execute
Submit a request to withdraw an Active Practitioner	<ul style="list-style-type: none">• Select the check box in the far right column of the table for the related practitioner• Select Withdraw• Selecting Withdraw navigates you to the Withdraw Practitioner page• Refer to the Withdraw Practitioner section for actions you can execute
View Practitioner Information for a practitioner in Active or Withdrawn status	<ul style="list-style-type: none">• Select the related Practitioner Name• Selecting the Practitioner Name will navigate you to the Practitioner Information page• Refer to the Practitioner Information section for actions you can execute
Edit Practitioner Information for Practitioner in Active status	<ul style="list-style-type: none">• Select the related Practitioner Name• Selecting the Practitioner Name will navigate you to the Practitioner Information page• Refer to the Practitioner Information section for actions you can execute
View request details or add remark to a request in Pending Add, Pending Withdraw, Incomplete Add, or Incomplete Withdraw status	<ul style="list-style-type: none">• Select the related Practitioner Name• Selecting the Practitioner Name will navigate you to the Add New Practitioner Request or Withdraw Practitioner Request page• Refer to the Add New Practitioner and Withdraw Practitioner sections for actions you can execute
Edit request details for a practitioner in Incomplete Add or Incomplete Withdraw status	<ul style="list-style-type: none">• Select the related Practitioner Name• Selecting the Practitioner Name will navigate you to the Add New Practitioner Request or Withdraw Practitioner Request page• Refer to the Add New Practitioner and Withdraw Practitioner sections for actions you can execute

Clinician Roster

Show 10 entries

Search this table

Search

Clinician Name	Primary Specialty	NPI	Clinician Status	Employment Status	Estimated Weekly Hours	Date Withdrawn	Select
Aida James	Family Medicine	1234567890	Withdrawn	Part-Time	30	11/10/2016	<input type="checkbox"/>
Alice-May Haskins	Geriatric Medicine	398909	Active	Full-Time			<input type="checkbox"/>
Amanda Bruke	Family Medicine	1234567890	Pending Add	Full-Time	50		<input type="checkbox"/>
Sarah Antony Smith	Geriatric Medicine	1234567890	Pending Withdraw	Full-Time	45		<input type="checkbox"/>
Thomas J Simmons	Geriatric Medicine	1234567890	Incomplete Add	Full-Time	50		<input type="checkbox"/>
Tony Parker	Geriatric Medicine	1234567890	Incomplete Withdraw	Full-Time	50		<input type="checkbox"/>

Showing 1 to 6 of 6 entries

First

Previous

1

Next

Last

Add

Withdraw

Export Roster

Figure 43: Practitioner Roster

Staff Roster

The Staff Roster displays the details of the associated staff by including the Staff Name, Title/Position, if the individual works in direct patient care, Employment Status, and Estimated Weekly Hours. The Staff Roster excludes practitioners and is separate from the Practitioner Roster.

Table 8 illustrates actions you can initiate in the Staff Roster section of the Composition tab.

Table 8: Staff Roster Actions

If You Want To ...	Then ...
View Staff Information	<ul style="list-style-type: none"> Select Staff Name Selecting the Staff Name will navigate you to the Staff Information page Refer to the Updating Staff Information section for actions you can execute
Edit Staff Information	<ul style="list-style-type: none"> Select Staff Name. Selecting the Staff Name will navigate you to the Staff Information page Refer to the Updating Staff Information section for actions you can execute
Add a New Staff member	<ul style="list-style-type: none"> Select Add Selecting Add navigates you to the Add New Staff page Refer to the Updating Staff Roster section for actions you can execute.
Delete an existing Staff member	<ul style="list-style-type: none"> Select the box displayed beside the Estimated Weekly Hours Select Delete Select Yes on the Confirm Staff Deletion pop-up

Non-Clinician 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	
Kim Johnson	Practice Supervisor/Practice Manager	Yes	Full-Time	45	<input type="checkbox"/>	
Showing 1 to 1 of 1 entries				First	Previous	1
				Next	Last	
				Add Delete Export Roster		

Figure 44: Staff Roster

D.2 Adding a New Practitioner

The Add New Practitioner page displays the details necessary to request to add a new practitioner.

If you want to submit an Add New Practitioner request:

1. Complete the **Practitioner Details**.
2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 of the *CPC+ Web Practice User Manual* for instructions on uploading a file.
3. Attest the accuracy of the information provided by completing the **Confirmation**.
4. Select **Save** to submit the request.

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

1. Add a **Remark**, if applicable. Refer to Section 3.4.4 of the *CPC+ Web Practice User Manual* for instructions on adding a remark.
2. Select **Save**.

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

1. Select **Update Information**.
2. Make desired changes.
3. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 of the *CPC+ Web Practice User Manual* for instructions on uploading a file.
1. Add a **Remark**, if applicable. Refer to Section 3.4.4 of the *CPC+ Web Practice User Manual* for instructions on adding remarks.
2. Attest the accuracy of the information provided by completing the **Confirmation**.
3. Select **Save**.

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CPC+ My Practice Info > Credentials > Add New Clinician

Add New Clinician

Practice Information

Practice Point of Contact (POC)

JACKSON STEVENS

Practice ID *

11TN0005

Practice Name

World Health, Inc.

Clinician Details

Prefix (optional)

Please Select

First Name

Middle Name (optional)

Last Name

Individual National Provider ID (NPI)

Email

Effective Date of joining practice (MM/DD/YYYY)

Is this Clinician a resident or intern?

Please Select

Clinician Type *

Please Select

Primary Specialty

Please Select

Employment Status

Please Select

Estimated Weekly Hours

Is this Clinician also practicing at another site?

Please Select

Has this Clinician had a final adverse legal action (as defined on pg. 12 of the Medicare Enrollment Application for Physicians and Non-Physician Clinicians, CMS-855) or been the subject of an investigation, prosecution by, or settlement with the HHS (Office of the Inspector General, U.S. Department of Justice, or any other federal or State enforcement agency in the last 5 years) relating to obligations or failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose could be grounds for application denial or immediate termination from the initiative.

☐ Yes
☒ No

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

☐ Replacement of a Clinician leaving this practice
☐ Temporary coverage (Locum Tenens) of existing Clinician at a CPC+ practice (e.g., extended leave/maternity leave/illness)
☒ Support practice's capacity to see new primary care patients
☐ Redistribute practice's current primary care workload
☐ The Clinician brings special skills to help the practice meet the CPC+ 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 Clinician

Does this Clinician charge concierge fees for primary care services?

☒ Yes - Charging concierge fees for primary care based services is prohibited in the CPC+ Model. Please contact CPC+ Support to discuss this issue.
☐ No

Has this Clinician billed Medicare under a different TID since January 1, 2013?

Please Select

Supporting Documentation

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

Choose File

Open

Existing Documents

Show 10 entries

Search this table

Search

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 practice information above and confirm that it is accurate to the best of my knowledge.

First Name

Last Name

Position with CPC Practice Site

Date

Save

Clear

Undo

Figure 45: Add New Practitioner

D.3 Updating Practitioner Information

The Practitioner Information page displays the details for an Active or Withdrawn Practitioner.

If you want to edit Practitioner Information for an Active Practitioner:

1. Select **Update Information**.
2. Make desired changes.
3. Select **Save**.

The screenshot shows the 'CPC+ My Practice Info - Composition - Clinician Information' page. The top navigation bar includes links for Home, My Practice Info, Practice Reporting, Payment & Attribution, eQIM, Reports, Resources, and Connect. Below this, a sub-navigation bar shows Demographic Information, Practice Information, Composition, Request History, and Documents. The main content area is titled 'Clinician Information' and includes an 'Update Information' link. A note states: 'Clinicians 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

Practice Point of Contact (POC)	Practice ID #	Practice Name
Jackson ESTEVES	T1TN9065	World Health, Inc.

Clinician Details

Prefix (optional) Please Select	First Name Alice-May	Middle Name (optional)	Last Name Haskins
Individual National Provider ID (NPI) 398909	Email	Is this Clinician a resident or intern? Please Select	
Clinician Type Clinical Nurse	Primary Specialty Geriatric Medicine	Employment Status Full-Time	Estimated Weekly Hours
Is this Clinician also practicing at another site? No			
Has this Clinician had a final adverse legal action (as defined on pg. 12 of the Medicare Enrollment Application for Physicians and Non-Physician Clinicians, CMS-855) or been the subject of an investigation, prosecution by, or settlement with the HHS Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last 5 years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose could be grounds for application denial or immediate termination from the Initiative. <input type="radio"/> Yes <input type="radio"/> No			
Has this Clinician billed Medicare under a different TIN since January 1, 2013? Please Select			

Buttons: Save, Clear, Back

Figure 46: Practitioner Information

D.4 Withdrawing a Practitioner

The Withdraw Practitioner page displays request details necessary for withdrawing an existing Active Practitioner from your practice.

If you want to submit a Withdraw Practitioner Request:

1. Complete the **Withdrawal Information**.
2. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 of the *CPC+ Web Practice User Manual* for instructions on uploading a file.
3. Attest the accuracy of the information provided by completing the **Confirmation**.
4. Select **Save** to submit the request.

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

1. Add a **Remark**, if applicable. Refer to Section 3.4.4 of the *CPC+ Web Practice User Manual* for instructions on adding a remark.
2. Select **Save**.

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

1. Select **Update Information**.
2. Make desired changes to **Withdrawal Information**.
3. Upload **Supporting Documentation**, if any. Refer to Section 3.4.3 of the *CPC+ Web Practice User Manual* for instructions on uploading a file.
4. Add a Remark, if applicable. Refer to Section 3.4.4 of the *CPC+ Web Practice User Manual* for instructions on adding a remark.
5. Attest the accuracy of the information provided by completing the **Confirmation**.
6. Select **Save**.

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Withdraw Clinician

Practice Information

Practice Point-of-Contact (POC)

Jackson ESTEVES

Practice ID #

T1TN9065

Practice Name

World Health, Inc.

Clinician Details

Prefix (optional)

First Name

Alice-May

Middle Name (optional)

Last Name

Haskins

Individual National Provider ID (NPI)

398909

Withdrawal Information

Practice Clinical Leader (PCL) Name

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

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

Please Select

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

☐ Will not change our banking information

☐ Necessitates changes in our banking information and we will resubmit our banking information by completing the [588 form](#) (in the Resources section of the Practice Portal)

Supporting Documentation

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

Choose File

Clear

Existing Documents

Show

10

entries

Search this table

Search

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 practice information above and confirm that it is accurate to the best of my knowledge.

First Name

Last Name

Position with CPC Practice Site

Date

Save

Clear

Back

Figure 47: Withdraw Practitioner

D.5 Updating Staff Roster

The Add New Non-Practitioner Staff page displays details necessary for adding a new Non-Practitioner Staff member to your practice.

If you want to update your Staff Roster:

1. Complete the **Non-Practitioner Staff Details**.
2. Attest the accuracy of the information provided by completing the **Confirmation**.
3. Select **Save**.

[Home](#) [My Practice Info](#) [Practice Reporting](#) [Payment & Attribution](#) [eCQM](#) [Reports](#) [Resources](#) [Connect](#)

[Demographic Information](#) [Practice Information](#) [Composition](#) [Request History](#) [Documents](#)

CPC+ > My Practice Info > Composition > Add New Non-Clinician Staff

Add New Non-Clinician Staff

Practice staff information is being requested to allow the CPC+ 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 CPC+ program team internally, only for the purposes of the CPC+ model and its evaluation. This information will not be shared or disseminated to others.

Practice Information

Practice Point-of-Contact (POC)
Jackson ESTEVES

Practice ID #
T1TN9065

Practice Name
World Health, Inc.

Non-Clinician Staff Details

Prefix (optional)
Please Select

First Name

Middle Name (optional)

Last Name

Email

Does the individual work in direct patient care?
Please Select

Title/Position
Please Select

Employment Status
Please Select

Estimated Weekly Hours

Confirmation

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

First Name

Last Name

Position with CPC Practice Site

Date

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

Figure 48: Add New Non-Practitioner Staff

D.6 Updating Staff Information

The Staff Information page displays the details for non-practitioner staff at your practice.

If you want to edit Non-Practitioner Staff Information:

1. Select **Update Information**.
2. Make desired changes to **Non-Practitioner Staff Details**.
3. Select **Save**.

The screenshot shows the 'Non-Clinician Staff Information' form in the CPC+ system. The top navigation bar includes links for Home, My Practice Info, Practice Reporting, Payment & Attribution, eCQM, Reports, Resources, and Connect. Below this, a sub-navigation bar highlights Demographic Information, Practice Information, Composition, Request History, and Documents. The main content area is titled 'Non-Clinician Staff Information' and includes a breadcrumb trail: CPC+ > My Practice Info > Composition > Non-Clinician Staff Information. A blue 'Update Information' link is visible. A disclaimer states: 'Practice staff information is being requested to allow the CPC+ 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 CPC+ program team internally, only for the purposes of the CPC+ model and its evaluation. This information will not be shared or disseminated to others.'

Practice Information

Practice Point-of-Contact (POC)	Practice ID #	Practice Name
Jackson ESTEVES	T1TN9065	World Health, Inc.

Non-Clinician Staff Details

Prefix (optional) Mrs.	First Name Kim	Middle Name (optional)	Last Name Johnson
Email kj@gmail.com	Does the individual work in direct patient care? Yes	Title/Position Practice Supervisor/Practice Mar	
Employment Status Full-Time	Estimated Weekly Hours 45		

At the bottom of the form are three buttons: Save, Clear, and Back.

Figure 49: Non-Practitioner Staff Information