Comprehensive Primary Care Plus Model Application

CPC Plus Application ID

Status

Preliminary Questions

1. In which CPC+ region is your practice located?

2. For which Track is your practice applying?

3. If you are a Track 2 applicant but are not eligible for Track 2, would you like your application considered for Track 1?

If you select yes below, CMS may consider your practice for Track 1 participation. This is not necessarily a guarantee of Track 1 participation, even if the practice is found eligible for Track 1.

4. Will your practice be a concierge practice, a Rural Health Clinic, or a Federally Qualified Health Clinic as of January 1, 2017?

Concierge practices (any practice that charges patients a retainer fee), Rural Health Clinics, and Federally Qualified Health Centers (FQHCs) are also not eligible for model. If your practice employs a practitioner who provides concierge services, that practitioner will be excluded from participation in CPC+

5. Will your practice be participating in any of the Medicare initiatives below as of January 1, 2017? Please select all that apply. For more information about program overlap policies, please see the Frequently Asked Questions document located here.

Please fill out the textbox below, If Another Medicare ACO program is selected in the picklist above

5a. Check this box if you are currently enrolled in a program with a no overlaps policy and, if accepted to CPC+, would withdraw from your current program. Please list the program and planned withdrawal date below. Practices that participate in CPC+ may also participate in the Accountable Health Communities model or as part of TCPi PTN or SAN.

☐

Program :

Withdrawal Date :

6. Will your practice be participating in, or is your practice currently applying to participate in, a Medicare Shared Savings Program Accountable Care Organization (ACO) as of January 1, 2017?

Practice Structure and Ownership

7. Practice Identification

a. Practice Site Name:

b. Practice "doing business as" (DBA) Name:

c. Street Address 1:

d. Street Address 2:

e. City:

[   ]

f. State:

[   ]

g. 9-digit ZIP Code:

[   ]

h. Practice Site Phone Number:

[   ]

i. Practice Site Fax Number:

[   ]

j. Does your practice have satellite offices?

[   ]

k. Website (if applicable):

[   ]

8. Is your practice owned by a larger health care organization, such as a group practice or health system?

[   ]

9. Does your practice use more than one billing TIN?

[   ]

10. What billing TIN will your practice use to bill primary care services in your practice?

[   ]

11. Please list all TINs your practice has used to bill Medicare since January 1, 2013.

[   ]

[   ]

[   ]

[   ]

Model Participation and Contacts

12. Has your practice participated in the Comprehensive Primary Care (CPC) initiative?

13. Has your practice participated in the Multi-Payer Advanced Primary Care Practice Demonstration?

If yes, what was your practice ID number?

Contact Information

14. Applicant Contact

(This should be the person filling out the application)

Are you the Primary Contact?

No

First Name

Last Name

Title/Position

Does this person work in the practice?

Relationship with the practice

Business Phone Number

Business Phone Number Extension

E-mail Address

Alternative Phone Number (e.g. cell phone)

Street Address

City

State

Zip Code

This application requires a letter of support from a clinical leader in your practice. Please enter the name of the clinical leader that will sign this letter. You can find more information about the letter on the 'Letters of Support' tab.

First Name

Last Name

15. Practice Contact

(Required if Applicant Contact is not the Primary Contact or does not work in the Practice)

First Name

Last Name

Title

E-mail Address

Business Phone

Business Phone Number Extension

Alternative Phone Number (e.g. cell phone)

Street Address

City

State

Zip Code

16. Health Information Technology Contact

Practitioner and Staff Information

17. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five 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.

18. What is the total number of individual physicians (MD or DO), nurse practitioners (NPs), physician assistants (PAs), and Clinical Nurse Specialists (CNSs) who provide patient care at your practice and practice under their own National Provider ID (NPI)? Please include all full-time and part-time practitioner staff, regardless of their practice specialty.

a. Fill in number of Physicians

b. Fill in number of NPs

c. Fill in number of PAs

d. Fill in number of CNSs

19. For purposes of CPC+, a primary care practitioner is defined as a physician (MD or DO), nurse practitioner (NP), physician assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of family medicine, internal medicine, or geriatric medicine. Of the total individual practitioners who provide patient care at your practice site, how many are primary care practitioners? Please include full-time and part-time practitioner staff.

a. Fill in number of Physicians

b. Fill in number of NPs

c. Fill in number of PAs

d. Fill in number of CNSs

20. Do any of the primary care practitioners who practice at your site also practice at other locations?

21. For each primary care practitioner in your practice that would participate in CPC+, please add the requested information about each primary care practitioner in your practice.

22. Please describe current Meaningful Use attestation progress among the primary care practitioners in your practice who are Eligible Professionals (EPs) under the EHR Incentive Program(s).

a. Total number of Medicare EPs:

b. For the 2016 reporting year, total number of Medicare EPs who plan to attest to Meaningful Use Stage 2:

c. Total number of Medicaid-only EPs:

d. For the 2016 reporting year, total number of Medicaid EPs who plan to attest to Meaningful Use Stage 2:

Practice Activities

23. Which statement best characterizes your practice (Select all that apply):

☐ The practice is a single-specialty primary care practice.

☐ The practice is a primary care practice with other integrated practitioners, or is a multi-specialty practice.

☐ The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

24. Is your practice engaged in training future primary care practitioners and staff?

25. Please select all organizations that through which your practice has achieved Medical Home recognition:

Health Information Technology

26. Is your practice able to complete the health IT requirements for the track to which you have applied? You may access the requirements in the link above.

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

28. What is your CMS EHR Certification ID?

Detailed instructions on how to obtain your CMS EHR Certification ID can be found here.

29. Does your practice currently have plans to purchase a new EHR in 2017 or a subsequent year?

Changing EHRs after the start of any calendar year in which the practice participating in CPC+ may affect the practice's ability to receive a performance-based incentive payment that is based in whole or in part on the reporting of clinical quality measures.

Patient Demographics

30. Percentage of patients of Hispanic, Latino, or Spanish origin (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

> %

31. Percentage of patients by race:

a. Alaska Native or Native American (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)

> %

b. Asian (for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)

> %

c. Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)

> %

d. Native Hawaiian or other Pacific Islander (for example, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, etc.)

> %

e. White

> %

f. Other race:

>

> %

g. Unknown:

> %

Is this based on collected data or best estimate?

>

32. Percentage of patients by preferred language

a. English

%

b. Non-English

%

c. If non-English, what is the most common non-English language spoken among your patient population?

Is this based on collected data or best estimate?

Practice Revenue and Budget

33. Total revenue for 2015 from all lines of business:

34. Total revenue for 2015 by listed payer:

35. Percentage of patients by insurance type:

a. Commercial or private

%

b. Medicare

%

c. Medicaid

%

d. Uninsured

%

e. Other

%

f. Is this based on collected data or best estimate?

Care Delivery

36. Patients

37. Non-physician practice team members

38. Care plans

39. A standard method or tool(s) to stratify patients by risk level

40. Follow-up by the primary care practice with patients seen in the Emergency Department (ED) or hospital

41. Linking patients to supportive community-based resources

Access

42. Patient after-hours access (24 hours, 7 days a week) to a physician, PA/NP, or nurse

Quality Improvement

43. Quality improvement activities

44. Staff, resources, and time for quality improvement activities

Letters of Support

1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the CPC+ must attach a letter of support from at least one physician, nurse practitioner, or physician assistant leader in the practice. This letter shall describe how the clinician intends to engage with the care team(s) to provide ongoing leadership in support of CPC+. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and

address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

2. Letter of support from Practice Owner:

If your practice is independently owned, your practice must attach a letter of support assuring that all funds paid in conjunction with CPC+ will be used for CPC+ activities, including infrastructure and/or salaries in your practice. If applicable, and if your practice is applying for Track 2 of CPC+, the letter of support must also demonstrate a commitment to compensate the practitioners and staff in your practice in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment (CPCP).

If your practice is owned by a person, entity, or organization other than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with CPC+, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the practitioners and staff in practices participating in Track 2 of CPC+ in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment (CPCP).

This letter, when uploaded below, will display a prefix of 'Parent' before the file name.

3. Letter of support from health IT vendor - Track 2 only:

In order to be considered for participation, Track 2 applicants must provide a "Letter of Support" from their health IT vendor that indicates that the vendor (a) has reviewed the information contained in this document and (b) is willing to support the practice to meet the health IT requirements for Track 2 either by optimizing the practice's Electronic Health Records (EHR) or providing the practice with other health IT solutions. The letter of support should be signed and dated by an authorized official of the vendor organization. The letter of support should include a signature from each health IT vendor whose product is used in the practice.

Supporting Documents

File Names
Frequently Asked Questions (FAQ)
Request for Application
CPC+ Practice RFA User Manual

Attest and Certify

I have read the contents of this application. I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

☐

By checking this box, I certify that this information is true, accurate, and complete to the best of my knowledge.