Appendix B: Practice Application Guidance and Questions

Comprehensive Primary Care Plus (CPC+) is accepting applications from individual primary care practice sites that are geographically located in a selected market. Practices interested in applying to CPC+ should review the Request for Applications to learn about the design and requirements of the model, and to determine which track of the model is best suited for the practice.

Track 1 of CPC+ targets up to 2,500 practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the CPC+ Request for Applications. Track 2 of CPC+ targets up to 2,500 practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs.

Practices applying to Track 2 of CPC+ must answer all questions. Practices applying to Track 1 of CPC+ must answer all questions other than those indicated as “Track 2 only.” CMS reserves the right to seek additional information from applicants to CPC+ after the application period closes.

Questions about the Application for CPC+ should be directed to CPCPlus@cms.hhs.gov. CMS may publicly share questions or responses or compile them into a Frequently Asked Questions compendium to ensure that all interested payers have access to information regarding CPC+.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Preliminary Questions

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

2. For which Track is your practice applying?

   a. Track 1
   b. Track 2

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

   a. Yes
   b. No
4. Will your practice be a concierge practice, a Rural Health Clinic, or a Federally Qualified Health Clinic as of January 1, 2017?
   
   a. Yes
   b. No

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.
   
   a. Transformation Clinical Practice Initiative (TCPi) – participation in learning activities
   b. Transformation Clinical Practice Initiative (TCPi) – participation as part of a PTN or SAN
   c. Next Generation ACO Model
   d. Another Medicare ACO program (please specify)
   e. Accountable Health Communities
   f. None of the above

   5a. If you are accepted to participate in CPC+ and you intend to withdraw from a program that has a no-overlaps policy with CPC+, please list the program and planned withdrawal date below:

   Program: _____________________   Planned withdrawal date: _____________________

6. Will your practice be participating in, or is your practice part of an ACO currently applying to participate in, the Medicare Shared Savings Program (MSSP), as of January 1, 2017?

   a. Yes, my practice is part of an ACO that is participating in MSSP currently and will continue participation in 2017.
      i. ACO name
      ii. Taxpayer Identification Number (TIN)
   b. Yes, my practice is part of an ACO that is currently applying to participate in MSSP starting January 1, 2017.
      i. ACO Name
      ii. TIN
   c. No
General Questions

This section focuses on background information about your practice. Information in this section will be used to determine whether your practice meets the baseline eligibility criteria for participation in CPC+. If a practice is accepted to participate in CPC+ and CMS later learns that answers to the questions in this section have changed or were not or are no longer accurate, CMS reserves the right to terminate the practice’s participation in the model immediately.

For purposes of this application, a practice site is defined as the single “bricks and mortar” physical location where patients are seen, unless the practice has a satellite office. A satellite office is a separate physical location that is a “duplicate” of the applicant practice; the satellite shares resources and certified EHR technology, and has identical staff and practitioners as the original applicant site. Practices with satellite locations are permitted to participate and will be considered one practice in CPC+. Practices that are part of the same health organization, group, or system that share some practitioners or staff are not considered satellite practices and will be counted as separate practices for the purposes of CPC+. For purposes of CPC+, practitioners that provide primary care services in more than one participating practice will be deemed to practice in only one participating practice.

Where applicable, please answer these questions for the practice site that is applying to participate in CPC+ (rather than the parent organization, group, or health system).

Practice Structure and Ownership

This section asks questions about the organizational structure and ownership of your practice. If you have a question about practice structure that is not addressed in the Request for Applications (RFA) or in the Application Instructions, please contact CMS at CPCPlus@cms.hhs.gov.

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. Website (if applicable):
   k. Does your practice have satellite offices?
      i. Yes
8. Is your practice owned by a larger health care organization, such as a group practice or health system?
   i. Yes
   ii. No

   1. If Yes:
      a. What is the name of the organization?
      b. Corporate Street Address 1:
      c. Corporate Street Address 2:
      d. Corporate County
      e. Corporate State
      f. Corporate 9-digit Zip Code
      g. Corporate Phone Number
      h. How many other primary care practice sites are part of this organization?
      i. How many physicians are part of this organization?
      j. How many Medicare Eligible Professionals (EPs) are part of this organization?
      k. Are other primary care practices in this organization applying to participate in CPC+?
         i. Yes (Please identify them by Practice Name and TIN):
         ii. No
         iii. Unknown

   l. Do all practice sites that are part of this organization share one Electronic Health Record system?
      i. Yes
      ii. No
      iii. Unknown

   m. Does your practice share a TIN for billing with other practices that are part of the same health group or system?
      i. Yes
      ii. No
      iii. Unknown

2. If no:
   a. Who owns this your practice? SELECT ALL THAT APPLY
i. Physicians in the practice
ii. Non-physician practitioners (nurse practitioners or physician assistants) in the practice
iii. Other (Specify)

9. Does your practice use more than one billing TIN?
   a. Yes
   b. No
   c. Unknown

10. Please list all TINs your practice has used to bill Medicare since January 1, 2014:

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

**Model Participation**
This section asks questions about the practice’s proposed participation in CPC+ and about the practice’s current or previous participation in other CMS programs. Please see specific question instructions for more information about participation in other CMS programs.

12. Has your practice participated in the Comprehensive Primary Care (CPC) initiative?
   a. Yes
   b. No
   c. Unknown

   If yes, what was your eight-digit practice ID number (two letter region code + six digit number - example: XX000666)?

   Termination or withdrawal date (if applicable):

13. Has your practice participated in the Multi-Payer Advanced Primary Care Practice Demonstration?
   a. Yes
   b. No
   c. Unknown

   If yes, what was your practice ID number? ______________________

14. Applicant Contact (This should be the person filling out the application)
   a. First Name:
   b. Last Name:
c. Title/Position:
d. Does this person work in the practice?
   i. Yes
   ii. No
e. Relationship with the practice:
f. Business Phone Number:
g. Business Phone Number Extension:
h. Alternative Phone Number (e.g. cell phone):
i. E-mail Address:
j. Street Address 1:
k. Street Address 2:
l. City:
m. State:
n. ZIP Code:
o. Primary Point of Contact for the practice?
p. 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. More
   information about the letter can be found on the “Letter of Support” tab.

15. Practice Contact (if applicable)
   Please provide the name of a contact who works in the practice
   a. First Name:
b. Last Name:
c. Title/Position:
d. Business Phone Number:
e. Business Phone Number Extension:
f. Alternative Phone Number (e.g. cell phone):
g. E-mail Address:
h. Street Address 1:
i. Street Address 2:
j. City:
k. State:
l. ZIP Code:

16. Health Information Technology Contact
   __________ This is the same person as listed in question #14
   __________ This is the same person as listed in question #15
   __________ Other
   a. First Name:
b. Last Name:
c. Title/Position:
d. Business Phone Number:
e. Business Phone Number Extension:
f. Alternative Phone Number (e.g. cell phone):
g. E-mail Address:
h. Street Address 1:
i. Street Address 2:
j. City:
k. State:
l. ZIP Code:

**Practitioner and Staff Information**
This section asks questions about the practitioners in your practice. Unless otherwise indicated, please answer only for the primary care practitioners that will be participating in CPC+.

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.
   a. Yes
   b. No
      If yes, please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.

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 physician 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?
   a. Yes
   b. No

   Explanation:

21. For each primary care practitioner in your practice that would participate in CPC+, please provide the following information.
   a. Practitioner Name (Last, First, MI)
   b. National Practitioner ID (NPI)
   c. Practitioner Type:
      i. Physician (MD or DO)
      ii. Clinical Nurse Specialist or Nurse Practitioner
      iii. Physician Assistant
   d. Primary Specialty
      i. Family Medicine
      ii. Internal/Adult Medicine
      iii. Geriatric Medicine
      iv. General Practice
      v. N/A
   e. Is this practitioner board certified in this specialty?
      i. Yes
      ii. No
      iii. Unknown
      iv. N/A
   f. If applicable, is the practitioner current with maintenance of certification?
      i. Yes
      ii. No
iii. Unknown
iv. N/A
g. This practitioner works at the practice (or satellite office):
   i. Part time
   ii. Full time

If part time, how many hours per week does this practitioner work at the practice site?
h. Does this practitioner also practice at another practice location (besides a satellite office)?
   i. Yes
   ii. No
i. If yes, is the practitioner’s billing TIN the same at all practices?
j. Is the other site applying to participate in CPC+?
   i. Yes
   ii. No

Name of site:

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
This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

23. Which statement best characterizes your practice (select mark all that apply):
   a. The practice is a single-specialty primary care practice.
   b. The practice is a primary care practice with other integrated practitioners, or is a multi-specialty practice.
   c. 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.

If the above answer is b:
   • Do the primary care practitioners in your practice share an EHR with other types of practitioners in the practice?
24. Is your practice engaged in training future primary care practitioners and staff?
   a. Yes
   b. No
   c. Unknown

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

25. Please select all organizations through which your practice has achieved Medical Home recognition:
   a. National Committee for Quality Assurance (NCQA-PCMH)
   b. The Joint Commission (TJC), previously known as Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
   c. Accreditation Association for Ambulatory Healthcare (AAAHC-Triple A)
   d. Utilization Review Accreditation Commission (URAC)
      • Specify recognition level received ________
   e. State-based Recognition Program
      • Specify State and Program ________
      • Specify recognition level received ________
   f. Insurance Plan-based Recognition Program
   g. Other (Specify):
   h. My practice does not have recognition as a “medical home.”

Health Information Technology

This section asks questions about the Health Information Technology (health IT) capabilities of your practice. You may need input from your health IT vendor to complete the questions in this section. The health IT requirements for each Track are available here.

26. Is your practice able to complete health IT Requirements indicated for the track to which your practice is applying that are listed in the table titled “Certified Health IT Requirements” in the RFA if the practice is accepted to participate in the model?
   a. Yes
   b. No
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:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Product Name</th>
<th>Version</th>
<th>Function (if applicable)</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. What is your CMS EHR Certification ID?

29. Does your practice currently have plans to purchase a new EHR in 2017 or a subsequent year?
   a. Yes
   b. No
   c. Unknown

**Patient Demographics**

This section asks questions about the demographic makeup of your patient population. Please answer these questions to the best of your ability.

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 ____________%
h. Is this based on collected data or best estimate?
   • Collected
   • Best Estimate

32. Percentage of patients by preferred language:
   a. English ____%
   b. Non-English ____%
      If non-English, what is the most common non-English language spoken among your patient population? ________________________________
   c. Is this based on collected data or best estimate?
      • Collected
      • Best Estimate

Practice Revenue and Budget

As described in the RFA, eligibility for CPC+ is based on a number of factors, one of which is the proportion of practice revenue generated by payers participating in CPC+. Practices that have a majority of their current revenue generated from payers that are participating in CPC+ (including Medicare) will be better positioned to implement the service delivery model and meet the practice milestones.

To the best of your ability, please list all revenue (insurance and copays) generated by services provided to patients covered by the following payers in the 2015. Exclude any bonus payments. Please use your billing system or billing vendor to generate this information.

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

34. Total revenue for 2015 by type listed payer:

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Business Type*</th>
<th>2015 Annual Revenue ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Fee-For-Service (not managed care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid/CHIP Fee-For-Service (not managed care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Type</td>
<td>Business Type*</td>
<td>2015 Annual Revenue ($)</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Payer 1</td>
<td></td>
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<tr>
<td>Payer 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payer 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICARE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
      • Collected
      • Best Estimate

**Care Delivery**

The following questions gather information about your practice site’s delivery of primary care. Please answer the following questions based on the current activities at your practice site.

**Care Management**

36. Patients
   a. …are not assigned to specific practitioner panels.
   b. …are assigned to specific practitioner panels but panel assignments are not routinely used by the practice for administrative or other purposes.
   c. …are assigned to specific practitioner panels and panel assignments are routinely used by the practice mainly for scheduling purposes.
   d. …are assigned to specific practitioner panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.

37. Non-physician practice team members
   a. …play a limited role in providing clinical care.
b. …are primarily tasked with managing patient flow and triage.
c. …provide some clinical services such as assessment or self-management support.
d. …perform key clinical service roles that match their abilities and credentials.

38. Care plans
   a. …are not routinely developed or recorded.
   b. …are developed and recorded but reflect practitioners’ priorities only.
   c. …are developed collaboratively with patients and families and include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care.
   d. …are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service.

39. A standard method or tool(s) to stratify patients by risk level
   a. …is not available.
   b. …is available but not consistently used to stratify all patients.
   c. …is available and is consistently used to stratify all patients but is inconsistently integrated into all aspects of care delivery.
   d. …is available, consistently used to stratify all patients, and is integrated into all aspects of care delivery.

40. Follow-up by the primary care practice with patients seen in the Emergency Department (ED) or hospital
   a. …generally does not occur.
   b. …occurs only if the ED or hospital alerts the primary care practice.
   c. …occurs because the primary care practice makes proactive efforts to identify patients.
   d. …is done routinely because the primary care practice has arrangements in place with the ED and hospital to both track these patients and ensure that follow-up is completed within a few days.

41. Linking patients to supportive community-based resources
   a. …is not done systematically.
   b. …is limited to providing patients a list of identified community resources in an accessible format.
   c. …is accomplished through a designated staff person or resource
responsible for connecting patients with community resources.

d. …is accomplished through active coordination between the health system, community service agencies, and patients and accomplished by a designated staff person.

Access

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

a. …is not available or limited to an answering machine.
b. …is available from a coverage arrangement (e.g., answering service) that does not offer a standardized communication protocol back to the practice for urgent problems.
c. …is provided by a coverage arrangement (e.g., answering service) that shares necessary patient data with and provides a summary to the practice.
d. …is available via the patient’s choice of email or phone directly with the practice team or a practitioner who has real-time access to the patient’s electronic medical record.

Quality Improvement

43. Quality improvement activities

a. …are not organized or supported consistently.
b. …are conducted on an ad hoc basis in reaction to specific problems.
c. …are based on a proven improvement strategy in reaction to specific problems.
d. …are based on a proven improvement strategy and used continuously in meeting organizational goals.

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

a. …are not readily available in the practice.
b. …are occasionally available but are limited in scope (due to some deficiencies in staff, resources, or time).
c. …are generally available and usually at the level needed.
d. …are all fully available in the practice.

Letters of Support

Practices will need to submit several letters of support with their application:

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 parent of owner organization:

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).

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.
Application Checklist
Below is a checklist detailing the documents that your practice is required to submit for consideration in CPC+. Not all documents are required from all applicants; some documents are specific to the Track for which an applicant is applying, and some are required only from practices with specific ownership organization. It is the responsibility of the applicant to ensure that you include all documents that are required for your specific circumstances. All documents must be signed, scanned, and uploaded to the application portal at [LINK]. Please retain the original, signed letters. If you have any questions about what your practice is required to submit, please contact CMS at [EMAIL].

☐ Completed Application
☐ Letter of support from your practice’s clinical leader (instructions)
☐ Letter of commitment regarding funding (question 4)
☐ Letter of support from Health Information Technology vendor (Track 2 applicants only; RFA)