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

December 21, 2016
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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 (eCQMs)**

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) eCQMs. 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 eCQMs 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. **eCQMs** – Your practice must choose and successfully report nine of the 14 measures from the CPC+ eCQM 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 eCQM 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](https://www.cpcplus.org/qi/reports/cpcplus-qm-reporting-overview-py-2017)).

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

<table>
<thead>
<tr>
<th>Group 1: Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS ID#</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>CMS159v5</td>
</tr>
<tr>
<td>CMS165v5</td>
</tr>
<tr>
<td>CMS122v5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2: Complex Care Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS ID#</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>CMS156v5</td>
</tr>
<tr>
<td>CMS149v5</td>
</tr>
<tr>
<td>CMS139v5</td>
</tr>
<tr>
<td>CMS137v5</td>
</tr>
</tbody>
</table>
### Group 3: Other Measures

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

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.

校 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

<table>
<thead>
<tr>
<th>National Learning Opportunities</th>
<th>Description</th>
<th>Approximate Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Webinars</td>
<td>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.</td>
<td>Please refer to the Upcoming Learning Events Calendar</td>
</tr>
<tr>
<td>Action Groups</td>
<td>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</td>
<td>End of Q1 2017/Beginning of Q2 2017</td>
</tr>
<tr>
<td>Affinity Groups</td>
<td>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</td>
<td>End of Q1 2017/Beginning of Q2 2017</td>
</tr>
<tr>
<td>CPC+ Connect</td>
<td>Secure web-based platform for all practices to share ideas, resources, and strategies for care delivery transformation</td>
<td>Available starting January 2017</td>
</tr>
<tr>
<td>On the Plus Side Weekly Update</td>
<td>Newsletter sent to all practices that includes CPC+ program updates, resources, answers to frequently asked questions, and upcoming CPC+ events</td>
<td>Weekly</td>
</tr>
<tr>
<td>Office Hours</td>
<td>Virtual sessions that provide practices with an opportunity to ask questions</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

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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

<table>
<thead>
<tr>
<th>Access and Continuity</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify roles and responsibilities of care teams.</td>
<td>Ensure patients have 24/7 access to a care team practitioner with real-time access to the Electronic Health Record (EHR).</td>
<td>Organize care by practice-identified teams responsible for a specific, identifiable panel of panelists to optimize continuity.</td>
<td>Begin to empanel patients to clinicians and/or care teams.</td>
<td>Maintain 95% empanelment to practitioner and/or care teams.</td>
</tr>
<tr>
<td>Identify active patient population.</td>
<td>Achieve 95% empanelment to practitioner and/or care teams.</td>
<td>Regularly offer at least one alternative office strategy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACK 2 ONLY</td>
<td>Identify at least one alternative office strategy.</td>
<td>Plan and test at least one alternative office strategy.</td>
<td>Implement at least one alternative office strategy.</td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------------------</td>
<td>-----------------------------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Plan and test risk stratification strategies.</td>
<td>Refine and implement risk stratification strategies.</td>
<td>Initiate risk stratification of all empaneled patients.</td>
<td>Complete and maintain risk stratification of all empaneled patients.</td>
<td></td>
</tr>
<tr>
<td>Based on a defined risk stratification process, identify patients likely to benefit from intensive care management.</td>
<td>Target care management services for patients identified as at increased risk and most likely to benefit from care management.</td>
<td>Ensure patients with ED visits receive a follow-up interaction within one week of discharge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess ideal workflow for follow-up of ED and hospitalizations.</td>
<td>Plan and test workflow to ensure practices contact patients with ED visits and hospitalizations within a timely manner.</td>
<td>Contact hospitalized patients in target hospital(s), within two business days after discharge.</td>
<td>Contact at least 75% of hospitalized patients in target hospital(s) within two business days.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide short-term care management with medication reconciliation to patients who have hospital admission, discharge, and/or transfer.</td>
<td></td>
</tr>
</tbody>
</table>

**TRACK 2 ONLY**

| Plan and test two-step risk stratification process that uses identified strategy and adds the care team's perception of risk to adjust risk-stratification of patients. | Implement two-step process. | Use and refine two-step process. | Use two-step risk stratification process. |
| Identify components of care plan for a longitudinal care management (see Health IT Requirements for care plan core elements). | Plan and test a strategy for care plan workflow and process. | Implement care plans with patients receiving longitudinal care management. | Use care plans for patients receiving longitudinal care management. |
Q1
Identify hospital(s) & ED(s) responsible for the majority of patients’ hospitalizations & ED visits.

Q2
Assess timeliness of notification and information transfer with these hospitals and EDs.

Q3
Improve timeliness of notification and information transfer with hospitals and EDs.

Q4
Systemically identify high-volume and/or high-cost specialists serving the patient population using CMS and/or other payer’s data.

TRACK 2 ONLY

Comprehensiveness & Coordination

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.

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

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

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

<table>
<thead>
<tr>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, January 11</td>
<td>Thursday, February 2</td>
<td>Thursday, March 2</td>
</tr>
<tr>
<td>Thursday, January 19</td>
<td>Wednesday, February 8</td>
<td>Wednesday, March 8</td>
</tr>
<tr>
<td>Wednesday, January 25</td>
<td>Thursday, February 16</td>
<td>Thursday, March 16</td>
</tr>
<tr>
<td>Thursday, January 26</td>
<td>Thursday, February 23</td>
<td>Wednesday, March 22</td>
</tr>
</tbody>
</table>

*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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Expected Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Assessment</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Baseline Assessment | To identify learning opportunities and topics for national learning webinars and action groups  
☑ 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  
☑ Practices begin to receive payment | January – March 2017 (Q1) |
| Performance-Based Incentive Payment (PBIP) | To reward practice performance on utilization and quality of care  
☑ Practices begin to receive payment | January – March 2017 (Q1) |
| Comprehensive Primary Care Payments (CPCP) – Track 2 Only | To reduce dependence on visit-based FFS to offer flexibility in care setting  
☑ 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  
☑ 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  
☑ 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+  
☑ 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  
☑ 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  
☑ Pilot testing of interview protocol in three systems | Fall 2017 |

*Will only be conducted with a sample of CPC+ practices
<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Expected Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Quarterly Reporting</td>
<td>To understand and monitor CPC+ practice progress and patterns of care</td>
<td>Quarterly (March, June, September, December 2017)</td>
</tr>
<tr>
<td>Care Delivery Reporting</td>
<td>Practices prepare and submit Care Delivery quarterly reports</td>
<td></td>
</tr>
<tr>
<td>Forecast and Expense Reporting</td>
<td>Practices prepare and submit Forecast and Expense quarterly reports</td>
<td>June 2017 (Q2) and December 2017 (Q4)</td>
</tr>
<tr>
<td>D. eCQM Reporting</td>
<td>To measure quality outcomes and support practice quality improvement</td>
<td>Early 2018*</td>
</tr>
<tr>
<td>eCQM Reporting</td>
<td>Practices prepare and submit eCQM reports</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Selection of eCQMs 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@telligen.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

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

2. Select New User Registration in the CMS Secure Portal box.

![Figure 2: Portal Home – Begin Registration](image)
3. Read the **Terms and Conditions**.
4. Select **I agree to the terms and conditions**.
5. Select **Next**.

![Figure 3: New Registration – Terms and Conditions](image-url)
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.

[Image: Your Information form]

**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.

   ![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**.

   ![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](image)

Figure 7: Portal Home – Log-in
2. Select I Accept on the Terms and Conditions screen.

Figure 8: Terms and Conditions
3. Enter existing User ID information.
4. Select **Next**.

![Figure 9: User ID Log-In Screen](image)

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

![Figure 10: Password Log-In Screen](image)
Note: After successful log-in, you will be directed to the Portal main page.

7. Select Request Access Now.

![Request Access Now](image1)

Figure 11: Request Access Now

8. Enter “IC” in the Search box and search.


![Access Catalog](image2)

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](image)

13. Select **Next** to proceed to Identity Verification.
14. Read the **Terms and Conditions**.

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

16. Select **Next**.
17. Complete the required fields on the Your Information screen.

18. Select **Next**.

![Figure 16: Your Information](image)

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

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

21. Select Next.

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

22. Select Next.
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**.

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

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

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.
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](image)

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](image)
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.

![Application and Role Selection – Request Access Screen](image)

Figure 26: Application and Role Selection – Request Access Screen

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

![Application Name Selection – Request Access Screen](image)

Figure 27: Application Name Selection – Request Access Screen
5. Select the appropriate User Role from the “User Role” drop-down list.

![User Role Selection – Request Access Screen](image)

**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.

![Application and Role Selection with Attribute Label – Request Access Screen](image)

**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.

![Application and Role Selection with Error Message – Request Access Screen](image)

**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.
Figure 31: Pending Request – Request Access Screen

Note: You will receive an email notification indicating that the request has been submitted. You will also receive an email notification when the request has been approved or rejected.
**Step 4: Accessing the CPC+ Practice Portal**

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

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

![CMS Secure Portal](image)

Figure 32: ePortal Home – Log In
3. Select **I Accept** on the Terms and Conditions screen.

![Figure 33: Terms and Conditions – Log In](image-url)
4. Enter existing User ID information.
5. Select **Next**.

6. Enter existing password information, select multi-factor authentication (MFA) device type and enter security code.
7. Select **Log In**.
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.
8. Select Application Console from the Innovation Center drop-down list.

Figure 36: CMS Enterprise Portal Home

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.
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.
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.
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

<table>
<thead>
<tr>
<th>Clinician Name</th>
<th>Primary Specialty</th>
<th>NPI</th>
<th>Clinician Status</th>
<th>Employment Status</th>
<th>Estimated Weekly Hours</th>
<th>Date Withdrawn</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice James</td>
<td>Family Medicine</td>
<td>1234567890</td>
<td>Withdrawn</td>
<td>Part-Time</td>
<td>50</td>
<td>11/10/2016</td>
<td></td>
</tr>
<tr>
<td>Alice May Hawkins</td>
<td>Geriatric Medicine</td>
<td>398909</td>
<td>Active</td>
<td>Full-Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amanda Banks</td>
<td>Family Medicine</td>
<td>1234567890</td>
<td>Pending Add</td>
<td>Full-Time</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarah Antony Smith</td>
<td>Geriatric Medicine</td>
<td>1234567890</td>
<td>Pending Withdraw</td>
<td>Full-Time</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas J Simmons</td>
<td>Geriatric Medicine</td>
<td>1234567890</td>
<td>Incomplete Add</td>
<td>Full-Time</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tony Parker</td>
<td>Geriatric Medicine</td>
<td>1234567890</td>
<td>Incomplete Withdraw</td>
<td>Full-Time</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 6 of 6 entries

Add | Withdraw | Export Roster

Non-Clinician Staff Roster

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Title/Position</th>
<th>Does this individual work in direct patient care?</th>
<th>Employment Status</th>
<th>Estimated Weekly Hours</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Johnson</td>
<td>Practice Supervisor/Practice Manager</td>
<td>Yes</td>
<td>Full-Time</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries

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>
<thead>
<tr>
<th>If you want to...</th>
<th>Then...</th>
</tr>
</thead>
</table>
| Submit a request to add a New Practitioner | • 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 | • 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 | • 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 | • 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 | • 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 | • 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 |
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

<table>
<thead>
<tr>
<th>If You Want To ...</th>
<th>Then ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>View Staff Information</td>
<td>- Select Staff Name</td>
</tr>
<tr>
<td></td>
<td>- Selecting the Staff Name will navigate you to the Staff Information page</td>
</tr>
<tr>
<td></td>
<td>- Refer to the <a href="#">Updating Staff Information</a> section for actions you can execute</td>
</tr>
<tr>
<td>Edit Staff Information</td>
<td>- Select Staff Name</td>
</tr>
<tr>
<td></td>
<td>- Selecting the Staff Name will navigate you to the Staff Information page</td>
</tr>
<tr>
<td></td>
<td>- Refer to the <a href="#">Updating Staff Information</a> section for actions you can execute</td>
</tr>
<tr>
<td>Add a New Staff member</td>
<td>- Select Add</td>
</tr>
<tr>
<td></td>
<td>- Selecting Add navigates you to the Add New Staff page</td>
</tr>
<tr>
<td></td>
<td>- Refer to the <a href="#">Updating Staff Roster</a> section for actions you can execute</td>
</tr>
<tr>
<td>Delete an existing Staff member</td>
<td>- Select the box displayed beside the Estimated Weekly Hours</td>
</tr>
<tr>
<td></td>
<td>- Select Delete</td>
</tr>
<tr>
<td></td>
<td>- Select Yes on the Confirm Staff Deletion pop-up</td>
</tr>
</tbody>
</table>
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.
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**.

![Practitioner Information](image-url)

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**.
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**.

---

**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**.

![Figure 49: Non-Practitioner Staff Information](image)