

**CPC+ Application Process**

***Practice Eligibility***

In order to participate, all CPC+ practices must have multi-payer support, Certified EHR Technology (CEHRT), and other infrastructural capabilities. When they apply, Track 2 practices must demonstrate additional clinical capabilities to deliver comprehensive primary care:

Track 1	Track 2
Practice structure and ownership information, including number of practice site and practitioner in the organization, practice TINs, participation in Medicare programs and demonstrations, information and NPIs for each primary care practitioner in the practice	Practice structure and ownership information, including number of practice site and practitioner in the organization, practice TINs, participation in Medicare programs and demonstrations, information and NPIs for each primary care practitioner in the practice
Use of CEHRT	Use of CEHRT
Sufficient revenue generated by Medicare and CPC+ payer partners	Sufficient revenue generated by Medicare and CPC+ payer partners
Existing care delivery activities must include: <ul style="list-style-type: none"> <li>• Assigning patients to provider panel</li> <li>• Providing 24/7 access for patients</li> <li>• Supporting quality improvement activities</li> </ul>	Existing care delivery activities must include: <ul style="list-style-type: none"> <li>• Assigning patients to provider panel</li> <li>• Providing 24/7 access for patients</li> <li>• Supporting quality improvement activities</li> <li>• Developing and recording care plans</li> <li>• Following-up with patients after emergency department (ED) or hospital discharge</li> <li>• Implementing a process link for patients to community-based resources</li> </ul>
	Letter of support from health IT vendor that outlines the vendor’s commitment to support the practice in optimizing health IT

It should be noted that practices owned by hospitals and health systems, Independent Practice Associations (IPAs), commercial ACOs, and commercial Clinically Integrated Networks (CINs) are eligible to apply to CPC+. However, concierge practices, pediatrics practices, federally qualified health centers (FQHCs), and rural health clinics (RHCs) are **not** eligible.

Eligible clinicians include physicians (MD or DO), nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists (CNS) with a primary specialty designation of family medicine, internal medicine, or geriatrics. Specialists within either a primary care or multi-specialty practice are **not** eligible to participate in CPC+.

Multiple practices from the same entity (i.e. health system, hospital, or ACO) may apply to CPC+, either with the same or a separate Tax Identification Number (TIN). Practice applicants sharing a TIN must provide their individual National Provider Identifier (NPI). Practices from the same entity may also apply and be accepted to both tracks.

### ***Demonstrating Multi-Payer Support***

Because Medicare alone cannot provide the resources necessary to achieve the goals of primary care transformation, it is essential that practices demonstrate significant support from other payers. Practices with at least 50 percent of their revenue generated from the payers included in the CPC+ program in their region are better positioned for success in the program.

### ***CPC+ Lottery System***

If there are a large number of applicants for each track, CMS will implement a lottery system to randomly select participants from the applicant pool. Current CPC practices may bypass the lottery system provided they continue to meet eligibility requirements, including the more stringent health IT capabilities and vendor support in Track 2.

Practices from the same health system, ACO, or medical group will be accepted to CPC+ together *to the extent possible*. They will not receive preference over other independent practices, although CMS does intend to test the system-wide impact of primary care transformation. Practices in the same IPA and/or other affiliation groups will be selected at the practice level.

In any case, the CPC+ program is a practice-level initiative, and each practice must submit a separate application and will be evaluated individually.

### ***Practice Application***

CMS began soliciting applications from practices within the designated 14 regions on August 1, 2016. The deadline for application submission is **September 15, 2016 at 11:59pm ET**. Each practice may apply to the track which they believe they are eligible for, and CMS reserves the right to ask that applicants who are not eligible for Track 2 participate in Track 1.

The application is divided into ten sections requesting specific information related to various aspects of the primary care practice.

- **Preliminary Questions (eligibility)**
  1. Region where the practice is located
  2. Desired track for participation
  3. Willingness to participate in Track 1 if ineligible for Track 2
  4. Type of practice (e.g. not FQHC or concierge)
  5. Other Medicare initiative involvement
  6. ACO participation (current or future)
  
- **Practice Structure and Ownership**
  7. Identification (address, phone number, etc.)
  8. Ownership
  9. Multiple TINs?
  10. TIN
  11. All TINs used since January 1, 2013
  
- **Model Participation and Contacts**
  12. CPC participant?
  13. MAPCP participant?
  14. Applicant contact information
  15. Practice contact information
  16. HIT contact information
  
- **Practitioner and Staff Information**
  17. Adverse legal action regarding Medicare or Medicaid services at the practice or employee level
  18. Number of practitioners (MD/DO, NP, PA, CNS)
  19. Number of practitioners who has a primary specialty designation of family medicine, internal medicine, or geriatric medicine (MD/DO, NP, PA, CNS)
  20. Practitioners at multiple sites
  21. Additional information for each participating primary care practitioner
  22. Meaningful Use attestation (Medicare and Medicaid)

- **Practice Activities**
  - 23. Practice characteristics
  - 24. Training future PCP and staff?
  - 25. Medical Home recognition
  
- **Health Information Technology**
  - 26. Ability to complete IT requirements for desired track
  - 27. Primary certified EHR system in use
  - 28. CMS EHR Certification ID
  - 29. Plans to purchase new EHR in 2017 or beyond
  
- **Patient Demographics**
  - 30. Percentage of patients of Hispanic, Latino, or Spanish origin
  - 31. Percentage of patients by race
  - 32. Percentage of patients by preferred language
  
- **Total Revenue and Budget**
  - 33. Total revenue for 2015 from all lines of business
  - 34. Total revenue for 2015 by listed payer
  - 35. Percentage of patients by insurance type
  
- **Care Delivery (multiple choice responses)**
  - 36. Patient assignment
  - 37. Non-physician practice team members' roles
  - 38. Care plan development
  - 39. Method or tool(s) to stratify patients by risk level availability
  - 40. Follow-up by PCP after ED or hospital admission
  - 41. Linking patients to supportive community-based resources
  - 42. Patient after-hours access
  - 43. Quality improvement activities
  - 44. Staff, resources and time for quality improvement activities
  
- **Letters of Support**
  - 1. From clinical leadership
  - 2. From Practice Owner
  - 3. From health IT vendor (Track 2 only)