LOI Information

Organization Name:

CMMI

Street Address:

7500 Security Boulevard,

City:

Baltimore

State:

MD

County:

Baltimore

Zip Code:

21244

Type of Organization:

Other (Please Specify)

Other Organization Type:

CMS

Primary Contact First Name:

John

Primary Contact Last Name:

Doe

Business Phone:

(555) 555-5555

Business Phone Extension:

Business Email:
mhmodel@cms.hhs.gov

Practice Characteristics

Organization

Legal name of your Organization
CMS-SAMPLE APPLICATION
Organization TIN/EIN
555555555
Organization NPI Number
5555555555
What is the size of your practice?
Large (More than 10 Providers)
Is your organization located in a geographically rural area?
Urban
How many total service sites are there in your practice?
1

Providers

How many total providers are employed at your practice?
2
Enter your providers' NPI Number, First Name, and Last Name.

Note: You may enter this information manually, or you may copy-and-paste from a spreadsheet application, such as Microsoft Office Excel.

To copy-and-paste from another spreadsheet application, highlight the columns and rows in the source application, press Ctrl-C, place your mouse cursor upper left cell below and press Ctrl-V.

Any fields with invalid data will be highlighted in red. Please correct these fields before clicking "Upload Providers" button. If any fields are highlighted red a you click "Upload Providers" button, the provider will be removed. Please do not paste over existing records if you wish to add additional providers. When y the "Upload Providers" button, your data will be saved exactly as it appears in in the table below with the exception of any records highlighted in red, which removed.

Please note that if you provide invalid provider information, your application may be delayed or denied.

Please ensure this number accurately reflects the number of providers you wish to upload. - Providers uploaded: 0

Name	First Name	Last Name

Patient Population

What is the estimated number of total patients your practice serves?

555555

What is the estimated number of Medicare beneficiaries your practice serves?

555555

Please provide estimated patient population percentages data for the following:

Race

0	% Black/African American	0	% White/Caucasian
0	% Asian/Pacific Islander	0	% Alaskan Native
0	% American Indian	0	% Unreported/Unknown

Ethnicity

0	% Hispanic	0	% Non-Hispanic
0	% Unreported/Unknown		

Insurance

100	% Medicare	0	% Medicaid/CHIP
0	% Dual Eligible (Medicare/Medicaid)	0	% Commercial
0	% Uninsured		

Ages

0	% 17 and Under	0	% 18-64
100	% 65-79	0	% 80 and Over

Other Initiatives

Do you participate in any other CMS Programs or Demonstrations?

Yes

Please indicate which models or demonstrations you participate in

ACO Investment Model -applied

Health IT Infrastructure

Does your practice have an ONC certified Electronic Health Record (EHR)?

Yes

Have participating providers met the criteria for the EHR Incentive Programs, also known as "meaningful use," in performance year 2014?

Yes

Will they continue to meet the criteria for performance year 2015?
Yes

Project Design

Team Based Care

Complete responses are required for the project design questions on shared decision-making, individual risk modification planning, and team-Based Care.

Responses are limited to a maximum of 5000 characters including spaces (approximately 300 to 350 words). There are no specific length requirements for complete responses apart from the maximum character limit.

Note:

Text copied and pasted from a word document will use up character limits. If you are completing questions outside of the application, text can be copied and pasted from a text .txt document prior to being pasted into the application.

Team-based care involves the use of a multidisciplinary team of providers and other professionals to enhance communication, care coordination, and patient self-management with the aim of improving the quality of care and health outcomes for patients.

Note: *Practice must have at least 1 provider. Providers are defined as Medical Doctors, Doctors of Osteopathic Medicine, Physician Assistants, and Nurse Practitioners. There are no other specific requirements of numbers and types of individuals involved in the care team.*

Please refer to the RFA for more information regarding team-based care requirements for this model.

Describe your healthcare team for this model and outline the roles and responsibilities of the team members.

Please respond to the following prompt in this box. "Describe your healthcare team for this model and outline the roles and responsibilities of the team members." Responses are limited to a maximum of 5000 characters including spaces (approximately 300 to 350 words). There are no specific length requirements for complete responses apart from the maximum character limit.

Shared Decision-Making & Risk Modification Planning

Shared decision-making is a collaborative process of between providers and patients. These collaborative patient/provider decisions are based on patient education, intervention options, and the potential harms and benefits of specific interventions.

Practices should develop preventative health interventions that are patient-centered and informed by a shared-decision making process. Each beneficiary should leave the visit knowing their risk, the options available to reduce their risk, and a plan of action that meets their values and needs.

Please refer to the RFA for more information regarding shared decision-making and risk modification planning requirements for this model.

Describe your shared decision-making strategy and how you will ensure beneficiaries will leave the clinical encounter knowing their risk, options available to reduce their risk, and a plan that meets their values and need.

Please respond to the following prompt in this box. "Describe your shared decision-making strategy and how you will ensure beneficiaries will leave the clinical encounter knowing their risk, options available to reduce their risk, and a plan that meets their values and need." Responses are limited to a maximum of 5000 characters including spaces (approximately 300 to 350 words). There are no specific length requirements for complete responses apart from the maximum character limit.