

Direct Contracting Model Application Webinar

June 29, 2020
Recording Transcript

Hello, everyone. Thank you for joining today's webinar for the Direct Contracting Model. Today, you will hear about upcoming milestones related to the model. The model team will also provide a demonstration of both the application portal and the Provider List Submission Tool (PLST) that will need to be submitted as part of your application. Finally, there will be time at the end of the session to ask questions about the application process for the Direct Contracting Model. Before I turn it over to Ilana Portnoy, who will be kicking things off, I wanted to provide a few important things to keep in mind throughout today's session. First, please note that today's webinar is being recorded. The recording, along with the slides from today's webinar will be posted to the CMS website following this session. All lines have been muted to prevent audio feedback. Finally, if you look at the bottom of the Zoom platform screen, you will find a feature for Q&A. As we go through today's presentation, we ask that attendees type any questions you have related to the application process into the Q&A box.

With that, I'll turn it over to Ilana. Thank you.

Ilana Portnoy

Thank you. Hello everyone. Welcome and appreciate you taking time out of your day to join us today for the Direct Contracting application webinar. My name is Ilana Portnoy, and I am the Operations Lead for the Direct Contracting Model.

Before we begin with the application demonstration, I'd like to go over some important upcoming dates. The application for Performance Year 1 (PY1) is due one week from today, on July 6th. The "DC Participant Provider List," known as the PLST is due with the application. It can be found in the portal. We will be demonstrating how to complete that form today. In early September, the Centers for Medicare & Medicaid Services (CMS) will send out the application decisions from this application period. The "Final Providers List" is due on October 23rd, 2020, for those interested in starting the model in April 2021. The participation agreements (PA) will be released in early March to those Direct Contracting Entities (DCEs) participating in PY1. This needs to be signed by the end of March. The PY will begin April 1st, 2021.

We received a lot of questions on the application process and when a DCE can start the model. First, I'd like to highlight that we have reopened the Letter of Intent (LOI) to allow those organizations that had not previously submitted one an opportunity to do so. If you have previously submitted an LOI, you do not need to submit one now. Once an LOI has been submitted, you have access to PY1 application portal. If you intend to apply in 2021 to begin the model in January 2022, an LOI will not be required to access that application portal.

We've also seen a lot of question on the model start options once the DCE has applied. I'd like to go over some of the different scenarios you might encounter. If you apply to begin participation in the implementation period (IP), and were accepted and signed the IP Participation Agreement (PA), you do not need to reapply to continue participating in PY1. If you apply to begin participation in the IP and we're not accepted, you may reapply during either of the two subsequent application periods. If you apply to begin participation in PY1 and are not accepted, you may reapply in the next application period in January 2022. Finally, if you apply to begin participation in the IP or PY1 and are accepted but wish to delay your start, you do not need to reapply.

Before we begin the application demo, I'd like to remind everyone to continue sending in your questions through the Q&A box at the bottom of the screen. I'll turn it over to Sujatha from New Wave who will be demonstrating the application portal.

DIRECT CONTACTING APPLICATION PORTAL DEMO

Sujatha Errapothu

Good morning. My name is the Sujatha Errapothu. Today, I will be presenting the Direct Contracting PY1 application.

If you are a new user accessing to the Direct Contracting application, you must first register using this link ([Register here](#)). This will navigate you to the registration page for the Direct Contracting application. You are required to provide the email address. This email address included must have been included in the Direct Contracting LOI as one of the primary or secondary contacts. If it is not identified within that LOI, you will receive an error message stating that the system cannot register an application with this email address and please make sure this email address has been entered in an LOI.

After this email address is identified in the system, you will receive a successful message saying that your registration was successful, and you will receive an email notification with instructions to create a password for Direct Contracting application.

I will go ahead and login with an account I already created for Direct Contracting application. One other thing I would like to point out is that, if you are experiencing any login Issues, please contact the CMS helpdesk (CMMIForceSupport@cms.hhs.gov), which is listed on the homepage for technical issues. If you have any program-related issues, please contact the email address listed (dpc@cms.hhs.gov). If you have forgotten your password, please use the "Forgot your Password" link and provide your username, and you will receive an email notification to reset your password.

I will go ahead and login. Upon successful login to the Direct Contracting application, you will be navigated to the homepage of Direct Contracting application. You will find the instructions of this application and a welcome user drop down at any given point. If you would like to change your password, you can do so by selecting the "Change Password" link which will navigate you to the change password page where you are required to provide old password, new password, and verify password.

At the same time, if you would like to log out from Direct Contracting application, you can do so by selecting this logout link in the welcome drop down. This feature is available in all Direct Contracting applications and you will find the helpful links to find instructions on how to fill out this application. We have a user manual link available, which you can select to download the user manual for this Direct Contracting application. If you would like to see frequently asked questions for our Direct Contracting application, select the link for "Frequently Asked Questions", and if you would like to download instructions on how to complete the PLST, we have the document available for you to download.

On the homepage, you will see the records of Direct Contracting LOI only when you have submitted an LOI. As you are seeing here, there are three DCE LOIs that I have submitted. As you see, there are statuses associated with each DC Request for Approval (RFA). Here, you're seeing submitted application, the actions that you can take is only "View PDF." If the application is submitted, you can only download the copy of that submitted application; you will no longer be able to access to either edit or delete. As you see, the second one is an "in progress" application, where you can edit your application. The first one is the brand new LOI that I have submitted, and I have not started the application. When I select this new application, you will be prompted to select one option whether it is a global or professional. And you are required to provide a DCE type as well. As you can see, without making a selection, you cannot continue because this continue button is disabled. Let me go ahead and select one option. Then, as soon as I make the selections on this page, this continue button is enabled. I will go ahead and select this continue, which will navigate me to the background information of the Direct Contracting application.

As you're seeing, on the left-hand navigation bar, there are a couple of sections related to this Direct Contracting application. You are required to fill out every page. You can simply navigate to different

sections of the page if needed by selecting the left navigation bar. Please make sure to save your entries before navigating away from the page. I will go back to the homepage. Again, as you see, I just started the application and the available actions are "View PDF," "Edit" and "Delete."

I will go ahead and edit. Now, I will be navigated to the Background Information of the Direct Contracting application. On this page, some of the organizational information is already pre-populated. This information is coming from the DC LOI. As you see, organization name and organization information are disabled. If you would like to make any edits to these this organization information, please contact the CMS helpdesk.

Responses are required unless marked optional, as you will see noted in each page. This background information is required. You are required to provide a different type of files. The first one is the copy of the certificate of incorporation. The second one is a list of proposals participants. The third one is a signed DC Participant Provider notification attestation form. The next one is a signed Preferred Provider notification attestation form, which is optional. The next file upload is the legacy Tax Identification Number (TINs). This is the legacy TINs are submitted in the PLST. There are a few of the areas where you will see "download form." That means download the form, then fill out the form, and then upload a file. Also, there is the paper voluntary enrollment form itself. And this form is available here; you will download this particular form, fill out and then upload the file.

For every page you will notice a "Save," "Save & Continue," and "Cancel" button. The cancel option will cancel out all unsaved entries. Save will save the information entered and stays within this page. Save & Continue will save the information on the background and continue to the next page, which is the "Contact Page."

On the Contact Page, you will see different types of contact information: "Primary Contact," "Secondary Contact," "Executive Contact," and "IT/Technical Contact." As you are seeing on this page, primary and secondary contacts are pre-populated from the Direct Contracting LOI.

If you would like to make any changes to the primary and secondary contact, please reach out to the Center for Medicare & Medicaid Innovation (CMMI) helpdesk. These two contacts are within the portal, so it requires CMMI to access to edit their email addresses. On the contact page, you are required to provide executive contact and IT/Technical contact.

I will move to the "Leadership and Management" page. You are required to provide your organization's leadership information, where you will need to provide a couple of file uploads. You have to propose an organizational chart for your application DCE and also contractual and employment relationships between and among the application DC and proposed DCE participant providers and preferred providers. There are also a couple addendums that you are required to provide. Please provide your organizational information, your leadership information. You are required to provide at least one leadership team member. You have to provide your leadership team member information and their position and role.

In a similar way, you are required to provide at least one governing body. You have to provide the governing body name, title, expertise, and their call center for birth control. Fill out all the required questions related to the governing body.

If your organization has any sanctions or investigations, please provide information related to a corrective action plan. Please provide a federal or state agency that submitted corrective action plan, the description and the status of that particular corrective action plan. If you do not have any sanctions or investigations, then simply select the not applicable check box. After providing all required entries select either select the "Save," "Save and Continue," or "Cancel."

I will go ahead and select "Save and Continue," which navigates me to the "Financial Experience" information page. On the Financial Experience information page, you are required to provide different sets of questions related to your financial experience risk sharing and your financial plan if selected for the DCE model.

All questions are required unless you see it marked as optional. After providing all required entries on this page, please go ahead and select the “Save and Continue” button, which will navigate you to the “Patient Centeredness and Beneficially Engagement.” On that page, you are required to provide your goals and objectives of the Direct Contracting Model as it relates to the patient centeredness. There are questions related to goals and objectives and questions related to beneficiary engagement outreach. As you are seeing, for some of these, the text area entries will have a character limit. Some of them have 3,000 and a couple of them are 6,000 and 1,500. Make sure you know your text character limit.

And after completing all required fields, select the “Save and Continue” which will navigate you to the “Clinical Care Model” page. On this page, there are different sets of questions listed on this page and all these are related to the clinical care and how you are providing your future plans to achieve better health, better care, and lower costs. After completing the information on this page, select the “Save and Continue” button.

On the “Certify & Submit” page, you are required to address the information that you have provided within all these pages. Select this checkbox and enter your name. Then, hit “Submit.”

If any incomplete information exists in the application, you will see a validation error and be prompted to update that information. These validation errors are hyperlinked. Once you select on any of that hyperlink, it will navigate you to that particular page where you are required to enter that information. Once that information has been completed, again, return to the submit page and certify again.

Once all the information is entered and then submitted, you will see something like the last record, what I'm highlighting here. The status states it has been “Submitted.” And the action is displayed as “View PDF.” At this moment, the application you have is successfully submitted and, as an applicant, you will receive an email notification confirmation email stating that this application has been submitted.

If the model team has any questions about the application, they will reach out to you by changing the status to reopen. At that time, as an applicant, you will receive an email notification, and you can edit the application accordingly. This concludes the Direct Contracting performance year one demo.

Ilana Portnoy

Thank you, Sujatha, for that excellent demonstration. We will now watch the demo on how to complete the PLST, the Provider List Submission Tool, that can be found on the application portal. This is how you will submit your DC participant provider and preferred provider to CMS as part of your application.

COMPLETING THE PROVIDER LIST SUBMISSION TOOL (PLST) DEMO

Aubrey Collins

This demonstration is on the Provider List Submission Tool or PLST. The PLST is an Excel workbook with several worksheets and it's designed to facilitate submitting acceptable provider records. Additional documentation is also provided in addition to this demo in the information packet.

The PLST is made up of three worksheets. There's (1) the certification worksheet, which should be the first one that pops up when you open the template, (2) the data validation worksheet and (3) the CSA or core service area worksheet.

The “Certification” tab is the first and last worksheet you should complete before submitting your PLST to CMS. There's a couple of red cells that you'll want to complete before moving forward. There's a “PLST Purpose” for the initial submission that is due at the beginning of July, you'll submit using initial provider list submission. If, for any reason, you need to submit a revised PLST as requested by CMS, you would click the second option.

For provider class, you can submit either only participant data if only participants will be included in your DCE or participant in preferred provider data. If you are going to submit preferred providers, please include both participant and preferred provider data in the same PLST. Multiple submissions will not be processed. Then you'll add your DCE or "DCE Identifier." For this demo, we will use DCE9999. This is just to help identify your DCE and your data and, if we have any questions as we are reviewing it, we can reach back out. The same with "DCE Name".

There are the three "DCE Types." Depending on which DCE type you're applying for, click from the dropdown menus. We'll use the "Standard." The same applies for the "Risk Option". We'll do "Total Care Capitation". Then, for "Approved By", include the name of the person that would be the best contact for any issues or any questions we have while reviewing the PLST. Once you've completed all that, most of the red cells should be gone and, underneath those, will be some sub-counts.

As you complete the "Data Validation" and "CSA" tabs, each of these will be updated with a high-level count of what you have included on your PLST so far. The records reviewed by CMMI will be a total of participant and preferred providers. Participants will be a count of how many participant providers you've included. Preferred, is how many preferred. Then the "Core Service Area" will count how many CSAs you have selected. You must include CSAs on the PLST submission, and this error will go away once you have selected at least one CSA. As well this error at the bottom can make sure to remind you to complete any errors and contact CMS with any questions as you go through.

The "Data Validation" tab displays your data. As you enter your data, highlight any errors that you encountered and that will need to be corrected before submitting to CMS. Cells containing any errors will be highlighted in red. Then, the row here will include any descriptions that may be helpful in guiding you as you complete your fields. It will identify which fields are required, which are prohibited, and which are required or prohibited depending on the record type that you're submitting.

I have some test data. We're going to copy and paste. The important thing when you're copying and pasting from any other source is to make sure you copy and paste values. If you do not do that, sometimes it will override some of the built-in checks that identify some of the errors to help you complete your PLST. We will do paste values here and we can see there's already some errors in this data set.

In this test data we have an example of a Federally Qualified Health Center (FQHC). That includes all of the practitioner at the FQHC. This one here we can see has an error. When you're submitting a practitioner at a group practice. The organization National Provider Identifier (NPI) is not included on that record. An easy way to fix this, is to delete that, and that will go away. If you are trying to submit a practitioner and FQHC or another organization, you would need to add the organization NPI. If you're just trying to submit an organizational provider, you have to remove the individual NPI and the first and last name.

Here, you can see the TIN has to be nine characters long. Another important piece for the participant providers when you're completing the PLST is to include legacy providers as applicable. Legacy providers will be identified under the legacy provider column, "Column B" where you select "Y". We have an example one here. The active provider record is included in row 15 and the sunsetted legacy provider would be in 14. We have a different TINs, but the same individual NPI, same organization name in this case, and the same practitioners included here. If you are including any legacy providers, make sure to include both records and identify which one is legacy. Preferred providers do not include legacy providers for preferred providers to make sure not to include any indicators of why on those provider type.

Here, we have a facility record which would include just the "Billing TIN," "Organization NPI" and "Organization CCN" as well. For the facility records, the organization name is required. It's actually required for all record types first and last name only for practitioner records. The city name, state, and zip code are required for all records.

If you copy and paste and have a shorthand for “Provider Class”, for example, and say “Part,” instead of “Participant,” it’ll flag that as well. You will need to correct that to the full “Participant” or “Preferred” depending on the provider class before submitting the CMMI.

We’ll go back to the “Certification” tab. As you can see, now that we’ve completed a little bit, the counts have updated. We have a total of nine records that will be reviewed by CMMI, eight of which are Participant, one of which is Preferred. We still have the flag here, though, that we have some errors and the error that we have is not completed the “CSA” tab yet.

This one is for CSAs and you’ll use this worksheet to identify counties in which the primary care providers and participant providers maintain office locations. This will comprise your CSA and you’ll want to select the drop-down menu here for whichever counties are applicable. Let’s say we have two counties for our example DCE. We’ll select them there and return again to the “Certification” tab.

Now, we have a green bar at the bottom. We have our nine total provider records, two CSAs, no red on any of our tabs so everything looks good on certification. Everything looks good as well in the provider data, no red. Same on the CSA. You can also filter these down. If you’re DCE is only located in one state and it’s easier for you to filter by state or by county as you’re selecting these, it counts just the same.

When you’re ready to save your PLST for submission to CMS, you will save it with your DCE ID or applicant ID. In our example, we have the D9999 and then a date and timestamp. We’ll do 2020-06-17 and then timestamp. As you can see here, now we have the completed template that we were working in. We have our final PSLT that we will be submitting and uploading to the application portal. Now that it has our identifier and a date and timestamp, if we need to request a re-submission of any data, we could identify those as separate. It will be easy for tracking and great for reaching out for any questions.

A couple of tips when you’re submitting the PSLT and working with it. Again, make sure to copy and paste values. If you don’t do that, again, it may override some of the checks that are built into the PLST and there is also the potential for dropping leading zeros. Say, you have a TIN that starts with a zero and you copy and paste values, you could potentially drop that zero, and then it becomes invalid.

If you were to just fill this in directly, and not copy and paste, you don’t have to worry about that. We’ll use an example here, and there’s no issue with the leading zero. Also, make sure not to include any accented characters. If any of the names of organizations are first last name include accents, don’t include that character for this PLST.

Portnoy, Ilana

Thank you so much. That was very useful, and I hope everyone found it to give better guidance for filling out the PLST.

I’d like to now give general application tips that we put together from the first round of applications that we received. We put together an application best practices guide, which can now be found on our website. I’d like to take a few minutes to highlight some of the tips. First, please review the eligibility criteria listed in RFA to confirm your organization complies. You’ll want to use specific examples of previous experience with sufficient details to illustrate how your DCE will be a successful model participant that is committed to the goals of the model. Lastly, although basic, please review your application for grammar, spelling and formatting to improve readability and clarity. This goes a long way for the successful application.

I just want to review a couple of key dates to highlight what is coming up in the model timeline. Again, a the PY1 applicants will be selected in September. The IP PAs need to be signed by the end of December, and the IP will begin October 1st, 2020. For PY1, the PA needs to be signed by end of March 2021 and PY1 will begin April 1, 2021.

There is an updated model timeline that can be found on our website. The timeline contains more detail around when you can expect financial methodology papers, as well as highlights important upcoming deadlines. Additionally, we've posted updated model FAQs, and those can be found on our website as well.

Before we move into the Q&A portion, I want to highlight some contact information for the model website, where we can find all these updated documents. Again, FAQs, model timeline, and the application best practices guide have all been recently posted. You can email the helpdesk at DPC@cms.hhs.gov. If you have any technical support questions regarding the application, you can email CMMIForceSupport@cms.hhs.gov.

I want to also highlight that, within the portal, there are two documents that you will find very useful when completing an application. There's an application FAQ document as well as a PLST guidance document. Both of those have a lot of information that would be very useful to you.

QUESTION AND ANSWERS SESSION

Ilana Portnoy

I will move on to that Q&A portion, and I will try to answer as many questions as we can during this time period.

Q. “Can you change your risk option, so ‘Professional’ and ‘Global?’”

A. This is in our new FAQ document. Before the start of the IP, you may change your selection from what you've submitted with the application. The same with the PY1 application – before you sign the PY1 PA, you may change your selection from either Professional to Global or Global to Professional. Once the PY starts, you are locked into that PY. If you choose Global, will be locked in that to the end of the model. However, if you choose Professional, you may choose Global before the start of the next PY.

Q. I've had some questions around cases where an applicant is in the middle of their application and decides they need to switch the DCE type, so they open the application with high needs but decide they really want to apply the standard.

A. If you delete your application, you lose the information that's previously been filled out. In order to save you from that hassle, send an email request to application portal technical support, asking that your application be updated from “High Needs” to “Standard” and “New Entrants” to Standard” and we can make that change for you so you don't lose information that's already previously been submitted.

Q. “If I apply to the implementation period, but was rejected, how do I know which issues needs to be corrected as I apply for PY1?”

A. We created the Best Practice Application Guide to really help our applicants that were not accepted into IP create a better application. The issues that we've addressed in that application guide are the ones we found most DCE that were rejected fell short. If you refer to that guide, it will help create a more complete and successful application.

Q. “In regard to the alignment option ‘Perspective’ and ‘Perspective Plus,’ when we select one of these, is that the final decision or can it be changed in the future?”

A. This is the selection that the DCE can change from the time it's selected in the application and can change this selection yearly before that PY's PA is signed.

Q. There are a lot of questions about updating your provider list.

A. There will be an opportunity for both IP participants and PY1 participants to update their list before the start of their respective time period.

Q. “When do you anticipate releasing the second round of contracting for implementation to begin in 2022?”

A. We plan to wait until that round to complete the LOI now. The application portal to begin the model in January 2022 will become available in early 2021 and so that application, for all of you, do not need to complete the LOI.

Q. “The timeline states and October 23, 2020 the final DC Provider List for PY 2021 is due. DCEs are able to add a drop Preferred Providers after 10/23 from the DCE for PY2021 participation?”

A. 10/23 will be the final providers for PY1 alignment. DCEs would still be able to drop providers after that date. Once the performance period begins, DCEs will also be able to add providers on a monthly basis, but any providers added during the year will not contribute the claims alignment or be able to participate and payment mechanisms.

Q. “Can you clarify or restate where the PLST will be made available and when?”

A. The PLS tool can be found within the application for them. You'll find that as you go through the portal as one of the questions that you can add.

Q. “If we submit our application without legacy TINs, can we update before the start of the model year to include legacy TINs?”

A. Yes, that's correct. You'll have an opportunity to update your Provider List, both DCE Participant Providers and Preferred Providers, before the start of PY1 from your list that was submitted with your application.

Q. “Can we apply by the July 6th deadline, and push our application forward to 2022 if we decide not to apply for 2021?”

A. Unfortunately, you can't do that. You can choose to apply for 2021 and then, if accepted, you can defer your start to 2022, but if you don't submit your application during the application portal time period that information you entered will be lost.

Q. “We applied for the implementation period already. When will we know that decision of acceptance or decline?”

A. All the notifications for the IP applicants have gone out. If you have not received one, please send an email to the health best requesting it. Please note your DCE RFA number and we will send that notification to you.

Q. “What decisions are DCE truly locking in on July 6th and what decisions can be modified later?”

A. At this point, almost all your decisions (the risk option, the alignment options, your Provider List, etc.) can be updated before the start of PY1 from what was submitted with your application.

Q. “What time on July 6th is the application due?”

A. The application is due on July 6th at 11:59pm Eastern Standard Time.

Q. “Will the list of approved DCE's be made public?”

A. CMS will release the list of approved, and their participating DCE once the implementation period participation agreements are signed for the IP.

Q. “Can we get a list of all required application questions prior to actually walking through the application?”

A. All the questions from the application are listed in the appendix in the RFA, which can be found on the model website?

Q. “If an organization submitted a LOI using its TINs, but then created a new TINs for the DCE itself, does the application needs to be updated to reflect the new TIN, and the name of the DCE,

or can an application be submitted to the original entity name and TIN?”

A. Either way is fine. You can submit your application under the original entity name and just note the new name and TIN within your application, or you can submit a request to the application portal technical support to update your current application with the new TIN and organization into that DCE.

Q. Someone is saying they're not completely clear on the difference between "Standard" and "New Entrants" and that they're an existing Accountable Care Organization (ACO), but doing that is contracting with new providers that are not currently in their ACO.

A. We encourage you to review the Direct Contracting RFA, the Request for Application, which can be found on our website. There are different requirements for minimum beneficiary threshold and New Entrants are subject to additional requirements. No more than 50% Participant Providers in a previous an ACO or risk program experience and no more than 3,000 claims find beneficiaries for the first three PYs. If you can refer to the RFAs, you'll get more information of how your organization will fit into which DCE type.

Q. "Does the attribution or alignment follow TIN and NPI match or only NPI?"

A. The alignment is based on the combination of both the TIN and NPI.

Q. "Will CMS be extending the application deadline?"

A. No, at this time the deadline stands on July 6th. However, there is another application period that will become available soon in early 2021 for your organization to participate, starting in January 2022. You do have another opportunity to apply if you miss this application period.

Q. "For those applicants who do not have an LOI accepted, is an ability to participate in PY1 on April 1, 2021?"

A. We opened the LOI portal is going to stay open for as long as the application portal remains open. It will close on July 6 as well, you may submit an LOI today, and as soon as your LOI is submitted you have access to the application portal, which will allow you, if accepted, to participate in Direct Contracting starting in PY1 which is April 1, 2021.

Q. "If we get selected for PY1 and don't want to continue with future PY, can we disenroll?"

A. Yes, if your award is to participate in PY1, you will have time to accept this award prior to signing the PA.

Q. I see there's some questions asking about when you'll be getting more information on the financial methodology.

A. That will be coming out. If you can refer to the timeline that was just posted late last week, that gives you a guide and a calendar of when you can expect more financial methodology, as well as upcoming deadline for the Direct Contracting.

Q. "If an LOI has recently been submitted, can we begin the application in the portal, or do we need to wait for a response from CMS?"

A. You do not need to wait for a response to CMS. You should get an email as soon as you submit your LOI. The email address that you used as your contact information on the LOI is your username for the application portal.

Q. "When are the initial applicants going to be notified of the status of the application submitted earlier this year?"

A. All notifications have gone out to the applicants that submitted the application for the implementation period. If your organization has not received that notification, please send an email to the DCE helpdesk at DPC@cms.hhs.gov. Please refer to your DCE RFA phone number when sending that email and your notification will be sent.

Q. “Can we add new providers later after you submit this application?”

A. This seems to be a question we seem to be getting. I just want to be clear that you will have an opportunity to update your Provider List that is submitted with your application before the start of PY1.

Q. “What is the difference between a Participant Provider and Preferred Provider?”

A. A DC Participant Provider is used to align beneficiaries, based on Primary Care Qualified Evaluation and Management (PQEM) services, as well as quality reporting. There's more information on the difference between DC Participants Providers and Preferred Providers. This can be found in the RFA on our website.

Q. “We applied for the IP and we were declined. We want to apply for PY1, but we would like more information on why we were not accepted to the IP.”

A. We will not be sending out any further information at this time via letter. If you'd like to send an email to the helpdesk, we can see about following up with more information. I really encourage you to look at the application Best Practices Guide. It really gives complete information as to how to fulfill a successful application.

Q. “May a DCE change its legal entity after the PY has begun?”

A. If there are changes in organization name or TIN changes, the DCE will submit requests to CMS for approval, including any legal document related to the change and we can update that for you.

I want to thank you all for joining us today. Again, I encourage you to check up the new documents that have been posted on our website, and to look at the application portal for the application FAQs and the PLST guidance.

Thank you everyone for joining us today. We look forward to future webinars and good applications in the future. Thank you.