



1. Welcome and Program Details

Welcome to the Northern New England Practice Transformation Network Program Online Registration System. Joining the program will help your practice stay relevant and thrive in the rapidly changing health care landscape!

What:

The Northern New England Practice Transformation Network (NNE-PTN), led by Maine Quality Counts (QC), is a collaborative effort of trusted organizations in Maine, New Hampshire, and Vermont that are offering support to primary care, specialist, and behavioral health clinicians to improve the health of patients, improve the health and vitality of clinicians and practice teams, and strengthen the financial health of practices. The lead organizations, QC, the New Hampshire Citizens Health Initiative, and the Vermont Program for Quality in Health Care (VPQHC) have a proven track record of providing tools, resources, and quality improvement coaching to clinicians and practices.

Why:

The NNE-PTN is funded by the Centers for Medicare and Medicaid (CMS) to support and accelerate the pace of practice change, and to help practices prepare for value-based payment models. The NNE-PTN is part of a four-year CMS effort, the Transforming Clinical Practice Initiative (TCPI), and is one of 29 PTNs selected by CMS to directly assist clinicians and practices nationally to achieve the “Triple Aim” of improvement to achieve better health outcomes, better patient care, and decrease health care costs.

How:

With support and coaching from NNE-PTN staff, we will help practices move through the phases of practice transformation, as outlined below by CMS:



SAMPLE - NOT TO BE USED FOR OFFICIAL PROGRAM REGISTRATION

Benefits of Participation:

Practices participating in the NNE-PTN receive the following benefits:

- A baseline assessment of your practice's readiness to succeed in today's rapidly changing health care environment, conducted by project staff in partnership with participating practices
- A specific plan for supporting the needs of your practice, with a focus on identifying areas for improving patient care, practice team functioning, and the financial health of your practice
- Access to PQRS Solutions, a CMS-approved Physician Quality Reporting System (PQRS) vendor, offered at no cost to your practice (sign up by Jan 1 and you'll qualify to get assistance with filing your CY2015 PQRS measures!)
- Assistance to build practice systems needed to capture significant revenue dollars from CMS payment opportunities that are often underused, such as the Medicare Annual Wellness Exam, Transitional Care Management code, Chronic Care Management code, and Advanced Care Planning codes
- Help to maximize current CMS payment incentives and to avoid future financial penalties, such as those from the CMS Value Modifier and Merit Based Payment System (MIPS)
- Access to wide range of in person and web-based quality improvement and educational support and tools, including trainings on team-based care (e.g. TeamSTEPPS), patient self-management, and community resources tools
- Opportunities for networking and collaborative learning with other primary care, specialist, and behavioral health practices and clinicians in your community
- Opportunities to earn Continuing Medical Education (CME) and Part IV Maintenance of Certification (MOC) credit for participating in PTN learning activities

If you have additional questions or require assistance completing this registration form, please contact Lesley Myska at Maine Quality Counts at 207-620-8526 ext 1007 or by email at ptn@mainequalitycounts.org.



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2. Contact Information

* 1. Contact Person

**Name of Person
Completing Form**

Email Address

Phone Number

Currently due to CMS guidelines, the NNE-PTN cannot serve practices that participate in a Medicare alternative payment model program (Medicare Advanced Primary Care Practice (MAPCP) Demonstration, Medicare Shared Savings (MSSP) ACO, or Medicare Pioneer ACO). However, we strongly encourage you to complete this registration form as you may have clinicians who are not specifically listed in the Medicare APM program and would therefore still be eligible to participate in the NNE-PTN.

In addition, by registering your interest in the NNE-PTN we are able to quantify and communicate the ACO participant demand for quality improvement/transformation support to CMS. In the event that CMS eligibility requirements should change the NNE-PTN will reach out to your organization.

* 2. Please indicate whether this practice site, provider based practice, or specialty group currently participates in any of the following Medicare Alternative Payment Model Program including: Medicare Advanced Primary Care Practice (MAPCP) Demonstration, Medicare Shared Savings (MSSP) ACO, or Medicare Pioneer ACO.



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3. Medicare ACO Participant Interest

You indicated that your practice site currently participates in one of the disqualifying Medicare ACO programs (Medicare Advanced Primary Care Practice (MAPCP) Demonstration, Medicare Shared Savings (MSSP) ACO, or Medicare Pioneer ACO). Please help us quantify the demand for quality improvement/transformation support among ACOs by responding to the question below.

- * 1. Please indicate the total number of clinicians currently participating in your Medicare ACO Program



4. Number of Practices Sites

* 1. We ask that you use this online form to register the individual physical site for each primary practice; specialty practice; behavioral health practice; and/or hospital-based specialty group (e.g. radiologists, emergency medicine clinicians) interested in participating in the NNE-PTN. Organizations wishing to register multiple physical practice sites have the option of submitting their practice details by email using the Excel spreadsheet, available for download on the next page of this application.

Please indicate the total number of individual primary practice sites; specialty practice sites; behavioral health practice sites; and/or hospital-based specialty groups you will be registering by selecting the appropriate statement below.

- I am only filling out this form for a **single** primary practice site; specialty practice site; behavioral health practice site; or hospital-based specialty group and will provide my information in this form
- I am filling out this form for **more than one** primary practice site; specialty practice site; behavioral health practice site; and/or hospital-based specialty group and would like to download and complete the excel spreadsheet template provided at the end of this registration process



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5. Multi Site Registration Agreement

Northern New England Practice Transformation Network Commitment

As participants in the NNE PTN Program, my practices will comply with the following program requirements:

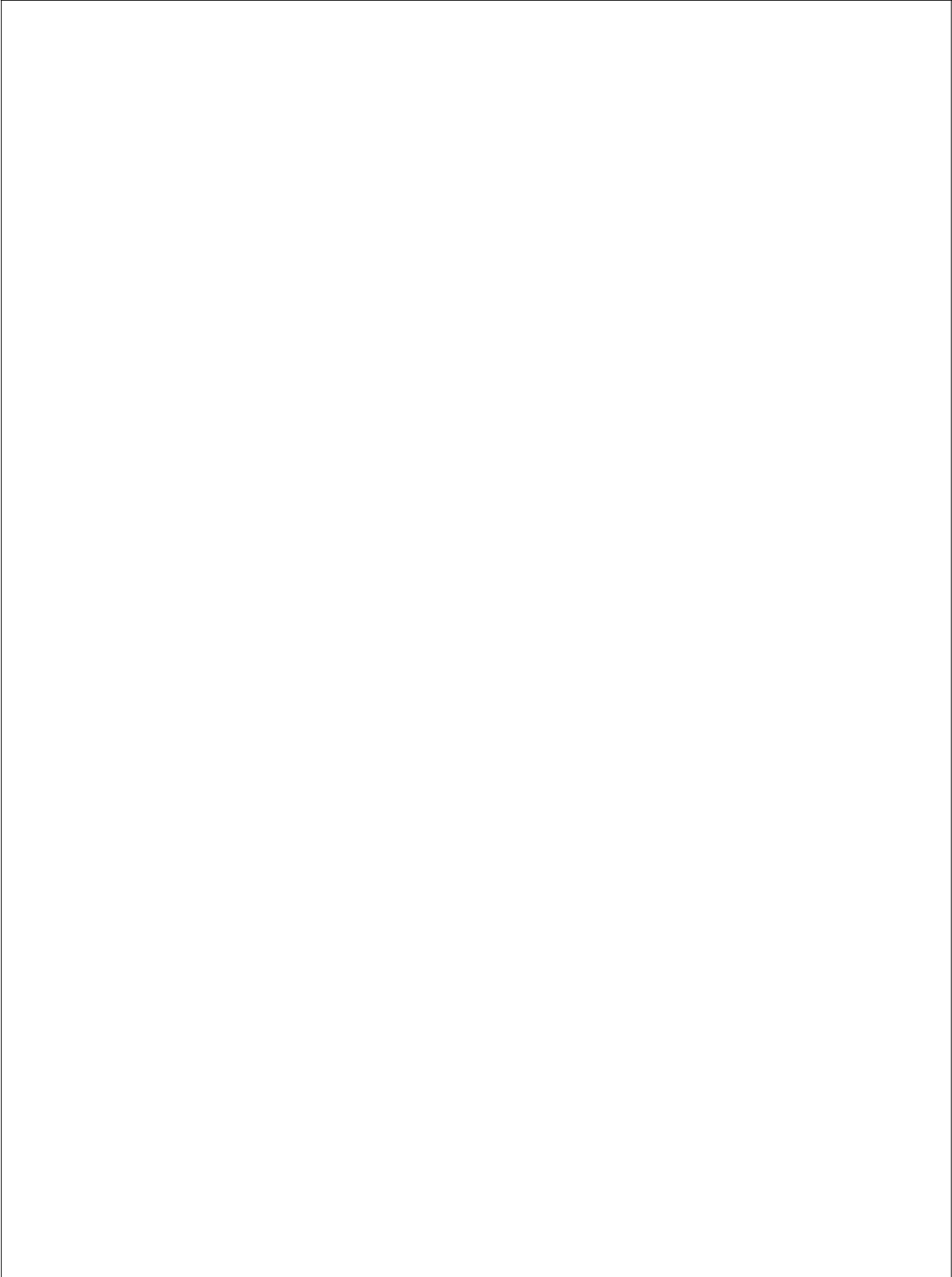
1. Participate in a baseline practice assessment with NNE-PTN staff.
2. Commit to improving care and pursuing a culture of safety and accountability at your practice.
3. Work with the NNE-PTN lead organization in your state (i.e. Maine Quality Counts; NH Citizens Initiative/ University of NH; VT Program for Quality in Healthcare) to develop strategies and a plan to meet practice aims.
4. Identify a lead clinician and administrative leader to serve as the lead contacts for each practice in PTN activities.
5. Participate in NNE-PTN learning activities, including PTN meetings, webinars and related educational events.
6. Share your experience and best practices with other PTN participants, including working with primary care, specialist and behavioral health practice peers within your local "medical neighborhood".
7. Provide additional information needed to track your participation in the NNE-PTN, including National Provider Identifier (NPI) information for practice and all participating clinicians.
8. Participate in the CMS Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier programs, if eligible.
9. Work with PTN staff to develop system for reporting selected process and outcome measures monthly.
10. Be in full compliance with CMS claims reporting requirements for ICD-10.
11. Inform Maine Quality Counts if your practice or any of its clinicians begin participating in a Medicare, Medicaid or CHIP Value Based Payment program or other demonstration project.
12. Participate in only one PTN.
13. Download, complete and return the multi site registration excel spreadsheet.

* 1. Practice Participation Commitment

By checking this box, I agree that I understand the program requirements and commit my practices for participation in the NNE PTN Program.

Please download the [Multi Site Registration](#) .xls file and return the completed document to ptn@mainequalitycounts.org no later than 12/31/15.

If you have additional questions or require assistance completing this registration form, please contact Lesley Myska at Maine Quality Counts at 207-620-8526 ext 1007 or by email at ptn@mainequalitycounts.org.





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6. Practice Site Address

* 1. Practice Contact Information

Practice Site Name:

Mailing Address:

Mailing Address Line 2:

City/Town:

ZIP/Postal Code:

* 2. State:

3. Practice National Provider ID (NPI):



7. Practice Site Information

* 1. Practice type (choose all that apply):

- Single-site practice, privately owned
- Multi-site practice, privately owned (Please indicate, below, practice group name)
- Hospital owned practice (Please indicate, below, hospital owner)
- Residency practice (Please indicate, below, name of residency program)
- Federally Qualified Health Center
- Community Health Center
- Rural Health Center
- Other (Please specify, below)
- Please specify:

* 2. Please indicate whether primary care is provided at this practice site

Offered

Primary Care

3. If primary care is provided at this practice site please indicate the type by checking all of the boxes that apply

- Family Medicine
- Internal Medicine
- Pediatrics

* 4. Please indicate whether this practice site primarily provides behavioral health care services (Note: With this question we are trying to identify behavioral health practices, not primary care practices that provide integrated behavioral health care services)

Offered

Behavioral Health Care

SAMPLE - NOT TO BE USED FOR OFFICIAL PROGRAM REGISTRATION

5. If this practice site primarily provides behavioral health care services please indicate the type by checking all of the boxes that apply

- Mental Health Treatment/ Counseling
- Substance Use Disorder/Addiction Medicine Treatment/ Counseling
- Other (please specify)

* 6. Please indicate whether specialty care is provided at this practice site

	Offered
Specialty Care	<input type="checkbox"/>

7. If specialty care is provided at this practice site please indicate the type by checking all of the boxes that apply

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatrics
- Hematology
- Hospitalist
- Infectious Disease
- Nephrology
- OB/Gynecology
- Ophthalmology
- Orthopedics
- Pulmonology
- Rheumatology
- Urology
- Other (please specify)

* 8. Please provide the number of clinical staff at this practice site (Note: All lines in this question require an answer, please use 0 if you have none)

MD/DO

NP

Physician Assistants

Behavioral Health Providers

Other Medicare Eligible Providers



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8. Participation Agreement

Northern New England Practice Transformation Network Commitment

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1. Participate in a baseline practice assessment with NNE-PTN staff.
2. Commit to improving care and pursuing a culture of safety and accountability at your practice.
3. Work with the NNE-PTN lead organization in your state (i.e. Maine Quality Counts; NH Citizens Initiative/ University of NH; VT Program for Quality in Healthcare) to develop strategies and a plan to meet practice aims.
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12. Participate in only one PTN.

* 1. Practice Participation Commitment

By checking this box, I agree that I understand the program requirements and commit my practice for participation in the NNE PTN Program.

Please download the [Online Registration Clinician Data](#) .xls file and return the completed document to ptn@mainequalitycounts.org no later than 12/31/15.

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