

Primary Care Practice Recognition

Application guide

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Step-by-step instructions

These instructions will guide you to the Primary Care Practice Recognition (PCPR) application through the HCA Support portal.

Request a PCPR identifier

Email the [PCPR program staff](#) to request and receive a unique PCPR identifier for your practice. You will need this PCPR identifier to successfully submit your application.

Log into HCA support using Secure Access Washington



You will need an active Secure Access Washington (SAW) account to log into HCA Support and access the PCPR application.

See instructions on [how to set up a SAW account](#) and access HCA Support if you do not have an account.

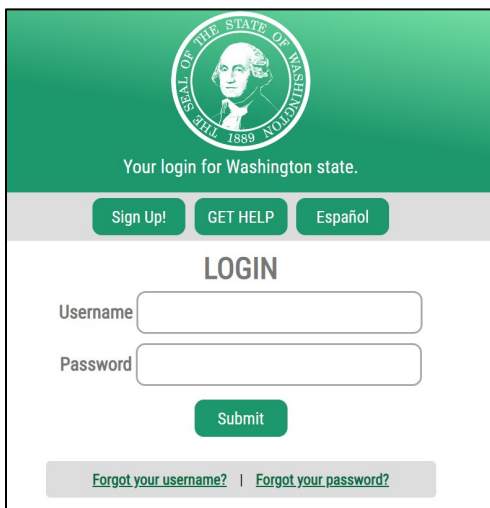
Access the PCPR application

Once you have a SAW account, you can access HCA Support and the PCPR application.

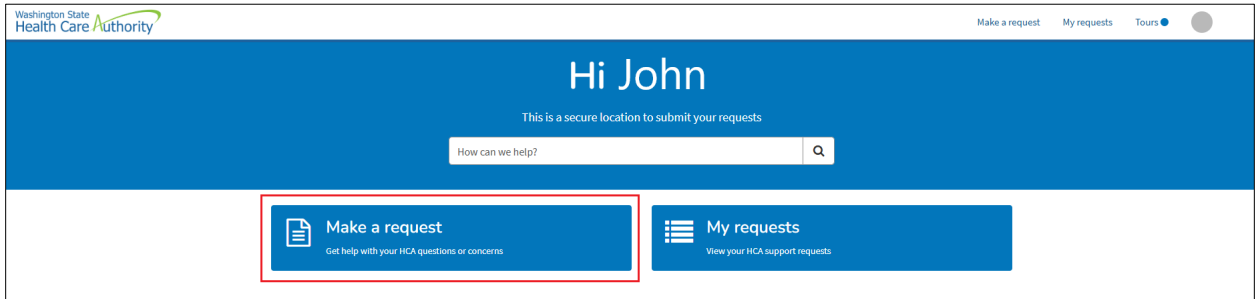
1. Go to support.hca.wa.gov/hcasupport.
2. Click **Public inquiry**.

 Public inquiry I am a resident of Washington State and do not currently work for a state agency. I am making a request on behalf of myself or someone else. View login instructions	 Agency to agency inquiry I am a(n): <ul style="list-style-type: none">• Active employee of a Washington State agency that uses WaTech's Office 365 managed services.• PEBB benefits administrator and I am making a request related to my work with HCA. Note: If you are a SEBB benefits administrator or your agency does not use WaTech's Office 365 managed service, please use the public login. View login instructions
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You will be redirected to SAW.

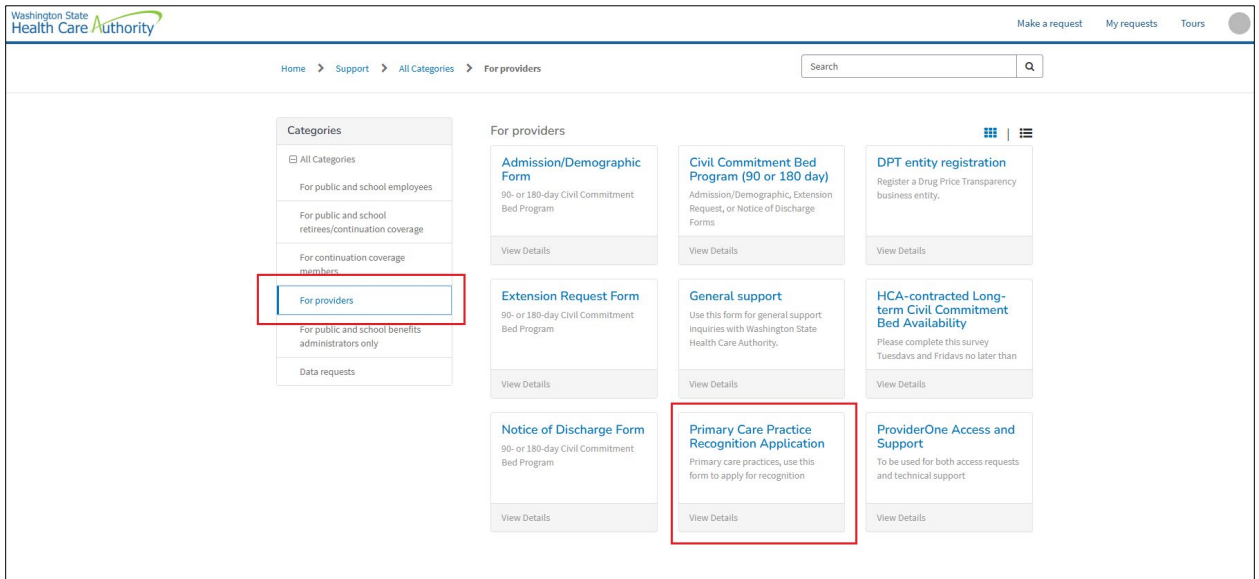


3. Log in with your credentials and complete the multifactor authentication (MFA). Once you have logged into SAW, you will be redirected to HCA Support.
4. On the HCA Support home page, click **Make a request**.



You will see a series of tiles for all HCA Support requests.

5. Click **For providers** from the menu on the left.
6. Click **Primary Care Practice Recognition Application**.



Complete your PCPR application

1. The application will open. All required information is marked by a red asterisk.
2. Complete the form. All unanswered, required fields are shown in red on the right under **Required information**. Click a field name to navigate to the missed field.

The screenshot shows the 'Primary Care Practice Recognition Application' form on the Washington State Health Care Authority website. The form includes a 'Submit' button and a 'Required information' sidebar with links to PCPR Identifier, Name, Tax ID, NPI (National Provider Identifier) number, Contact person name, Contact job title, and Contact email. The main form fields are:

- PCPR Identifier (required, marked with a red asterisk)
- Organization & Practice Information section:
 - Organization Information:
 - Name (required, marked with a red asterisk)
 - Address (required, marked with a red asterisk)
 - Tax ID (required, marked with a red asterisk)
 - Address Line 2
 - NPI (National Provider Identifier) number (required, marked with a red asterisk)
 - City (required, marked with a red asterisk)
 - Washington Medicaid ID
 - State (required, marked with a red asterisk)
 - Contact person name (required, marked with a red asterisk)
 - Zip Code (required, marked with a red asterisk)

3. At the bottom of the application, you will be asked how you are demonstrating your eligibility for PCPR recognition:
 - a. PCPR, OR
 - b. Alternate.

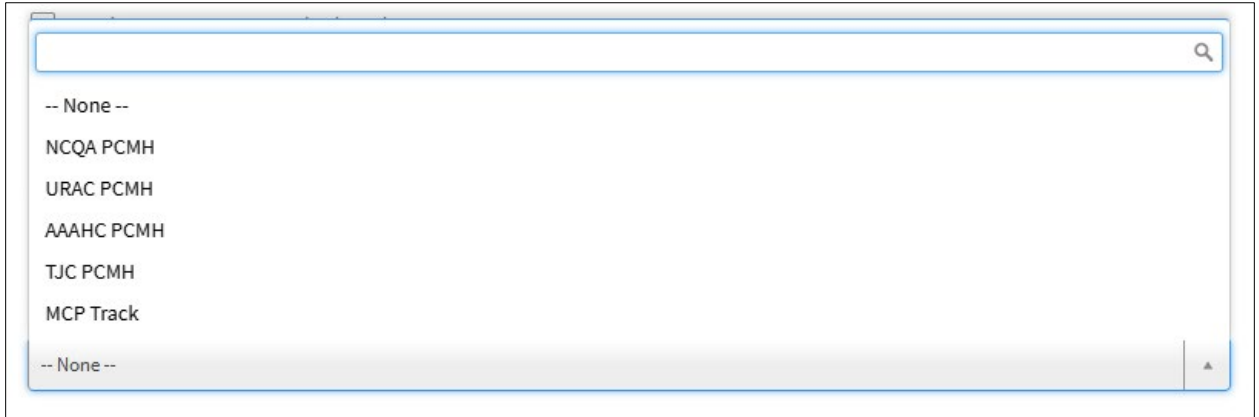
The screenshot shows the question: 'Primary Care Practice Recognition Application - PCPR or Alternate?' with the sub-question: '* How are you demonstrating your eligibility for PCPR recognition?'. The dropdown menu is currently set to '-- None --'. Above the question are four checkboxes for organizational change, quality improvement methods and strategies, team-based care and empanelment, and none.

If you answer "PCPR", you will be asked to:

- a. Attach leader letter of support/attestation
- b. Attach your accountabilities workbook.
- c. Indicate to what level you are attesting to.

- d. Check the box acknowledging the practice may be contacted by HCA to audit or verify information attested to on the application.

If you answer “Alternate”, you will need to select the alternate certification, recognition, or track you are using to demonstrate eligibility for the PCPR recognition.

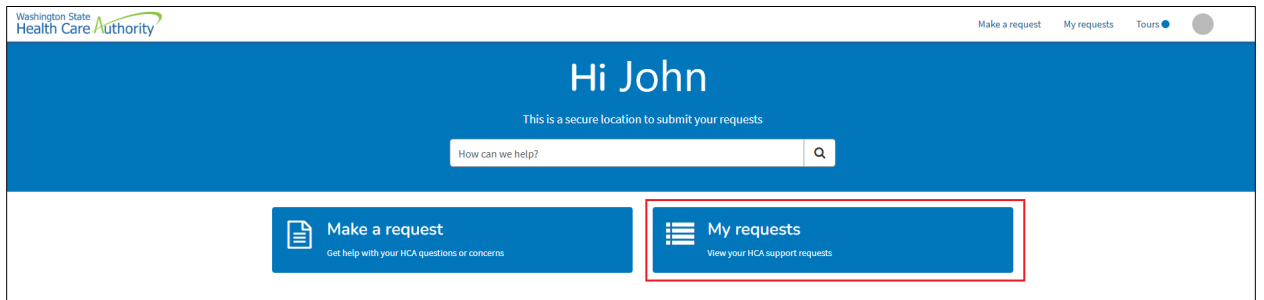


The image shows a screenshot of a web application's dropdown menu. The menu is open, displaying a list of certification and recognition options. The options are: "-- None --", "NCQA PCMH", "URAC PCMH", "AAAHC PCMH", "TJC PCMH", "MCP Track", and "-- None --". The menu has a search icon in the top right corner and a scroll bar on the right side.

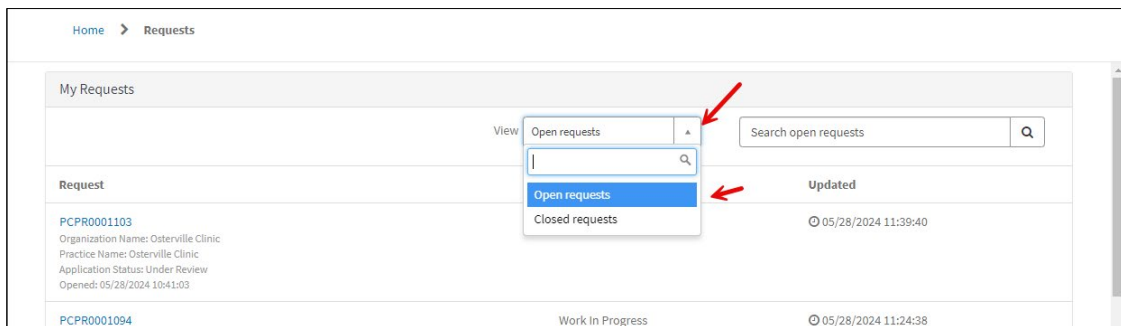
- a. Enter expiration date of the alternate certification, recognition, or track. It must be 60 days or more into the future from the application date.
 - b. Indicate what level you are attesting to.
 - c. Attach your PCMH or MCP documentation.
 - e. Attach your accountabilities workbook.
 - f. Attach your leadership letter of support or attestation.
 - g. Check the box acknowledging the practice may be contacted by HCA to audit or verify information attested to in the application.
4. Once all questions are answered, click the **Submit** button.

View your open or closed requests

1. From the home page, click **My Requests**.



2. Click the **View** drop down to select open or closed requests.
3. Click the blue PCPR ticket number to view the application details.



4. Click the **Details** or **Activity** tabs to view the application details.

Withdraw an application

If your practice decides not to continue with the recognition process, the application can easily be withdrawn.

1. Click the **Actions** button.
2. Click **Withdraw Application**. A prompt will appear at the top of the screen.

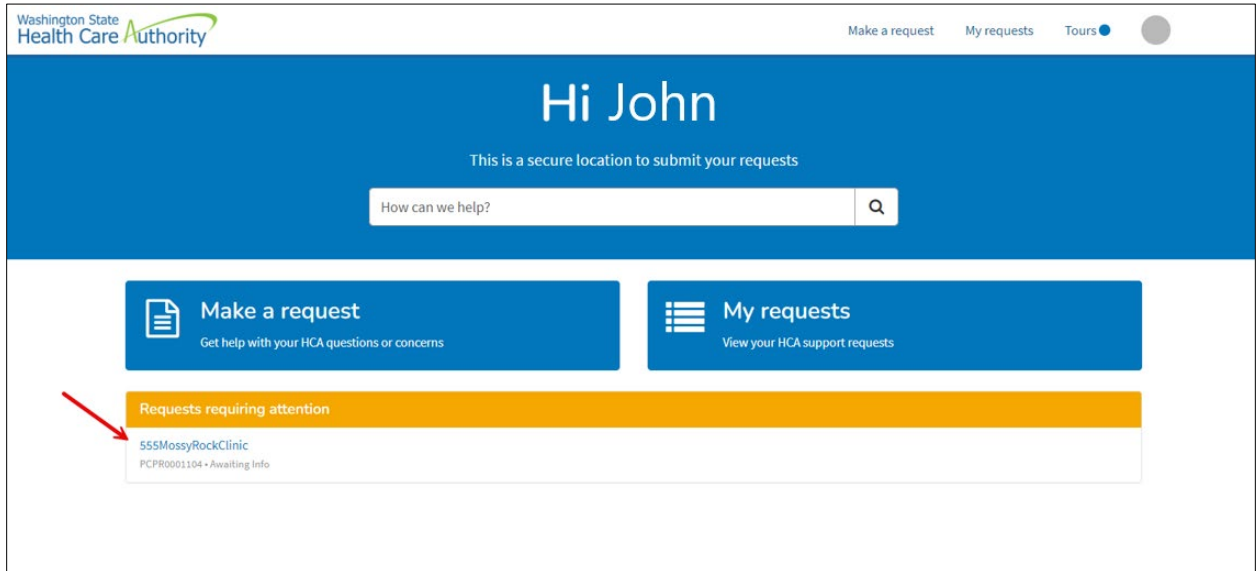
The screenshot displays the Washington State Health Care Authority's application management interface. At the top, there is a navigation bar with the logo and links for 'Make a request', 'My requests', and 'Tours'. Below this, a modal dialog box is open, titled 'HCA Service Now says', with the prompt 'Please enter a reason for cancelling.' and input fields. A red arrow points to the input field, and another red arrow points to the 'OK' button. The main interface shows a table of applications with columns for 'Created', 'Updated', and 'State'. The application '888777WallingfordClinic' is highlighted in blue. A red arrow points to the 'Actions' dropdown menu, and another red arrow points to the 'Withdraw Application' option. Below the table, the 'Details' tab is active, showing 'Request Details' with a 'Save' button and a form for entering the PCPR identifier, which is '888777WallingfordClinic'. The 'Organization & Practice Information' section is also visible.

3. Fill in a brief reason for cancellation.
4. Click **OK**.

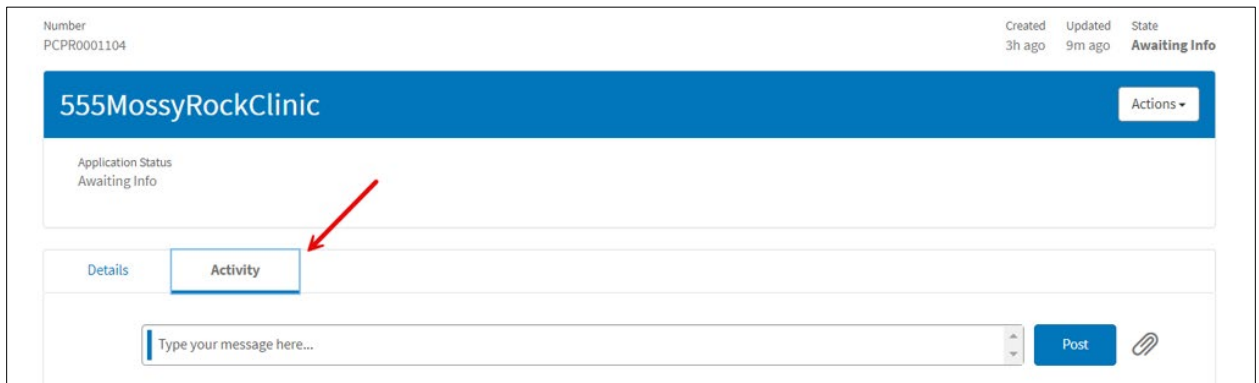
Application requiring attention

As the PCPR reviewer team reviews your application, they may have questions about information. If this is the case, the PCPR reviewer will return the application to you with a note requesting clarification.

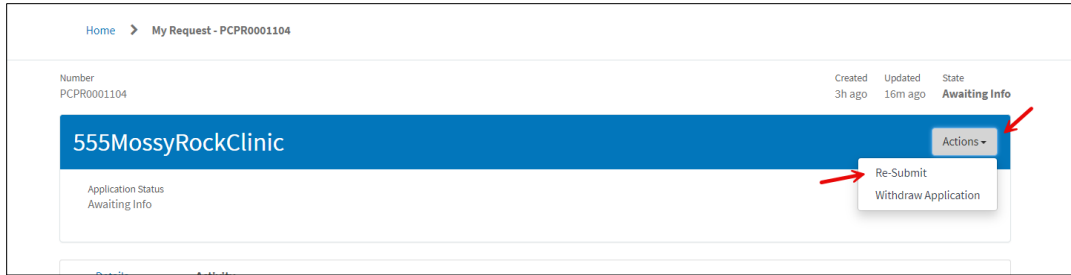
You will receive an email when this occurs. When you log in, you'll see the application needing additional information listed here:



1. Click the blue PCPR ticket number. You will be directed to the **Details** tab where your application is now editable to make edits or corrections.
2. Click the **Activity** tab. Review the comment sent by the PCPR reviewer shown. You can also provide a comment when you submit the application.



5. When updates to the application are ready, click the **Actions** button.
6. Click **Re-Submit**.



Questions

Contact the PCPR Program at hcapcpr@hca.wa.gov or 360-725-9457 if you have any questions about the application process or program requirements.

Appendix 1: Online application questions

All the questions that show up on the online application. You can use the space below to collect information for the application. There is no save function.

Organization information	
PCPR Identifier	
Name	
Tax ID	
National Provider Identifier	
Washington Medicaid ID (optional)	
Contact person name	
Contact job title	
Contact email	
Contact phone number	
Address	
Address line 2 (optional)	
City	
State	
Zip	
County	
Practice information	
Name	
Tax ID	
National Provider Identifier	
Washington Medicaid ID (optional)	
Contact person name	
Contact job title	
Contact email	
Contact phone number	
Address	
Address line 2 (optional)	
City	
State	

Zip	
County	
Address to which you'd like the recognition materials mailed.	Options: <ul style="list-style-type: none"> • Our organization address • Our practice address • Other address

Practice characteristics

Which describes this practice site?	Select all that apply: <ul style="list-style-type: none"> • Not-for-profit • Behavioral health provider: mental health • Outpatient clinic/facility • Behavioral health provider: substance use disorder • Federally qualified health center • For-profit • Rural health clinic • Inpatient clinic/facility • Multi-specialty practice • Critical access hospital • Hospital • Hospital owned or operated by • Independent, multi-provider single specialty practice • Clinically integrated network • Single provider practice • Tribal health care provider • Other (please specify)
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Describe your organizational structure in terms of practice ownership and independence	Select one: <ul style="list-style-type: none"> • Owned by a larger system that governs our practice and determines our operations, finance, etc. • Independent governance but part of an alliance for shared group purchasing/other economies of scale • Independent, unaffiliated with any other practice
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Approximately how many unique patients does this practice site care for on an annual basis?	
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What patient populations do you serve?	Select all that apply: <ul style="list-style-type: none"> • Adult populations • Pediatric populations
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- Geriatric populations

What is the approximate payer mix breakdown of your patient population?	Percentages should equal 100%. If zero, enter '0'. <ul style="list-style-type: none"> • Medicaid • Medicare • Private insurance • Uninsured • Other
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Do you provide obstetrics care? (optional)	<ul style="list-style-type: none"> • Yes • No
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Number of providers that provide direct patient care by provider type.	Provide a count for each provider type. If zero, enter '0'. <ul style="list-style-type: none"> • Medical doctor (MD) • Doctor of osteopathic medicine (DO) • Physician's assistant (PA) • Nurse practitioner (NP) • Naturopathic doctor (ND)
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Number of other clinical staff that provide direct patient care.	Provide a count for each clinical staff. If zero, enter '0'. <ul style="list-style-type: none"> • Registered nurse (RN) • Medical assistant (MA) • Social worker • Psychologist • Registered dietician (RD) • Other
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Additional practice information

Rank by importance the factors that influenced your decision to become recognized. (optional)	Rank each 1-5, 1= Least important and 5=Most important <ul style="list-style-type: none"> • Eligibility for an alternative payment or value-based payment contract with payers • Opportunity to improve patient care • Ability to improve marketability to patients • Encouragement from payers • Encouragement for organization leadership
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Which best describes your experience with alternative payment methodologies or value-based payments below (not fee-for-service)?	Select all that apply: <ul style="list-style-type: none"> • No experience • Pay-for-performance • Bundled payments/encounters • Capitation or other population-level payments • Care coordination payments • Other alternate payment methodology
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The Healthcare Payment Learning & Action Network (LAN) has categorized payer-provider contracting arrangements.

Select the LAN category that represents the payment model for the majority of your patient panel.

Select one:

- Category 1A - Fee for Service
- Category 2A - Per-member per month fee from payers to support infrastructure investments
- Category 2B - Incentive payments for reporting quality performance
- Category 2C - Incentive payments for quality performance
- Category 3A - Shared savings
- Category 3B - Shared savings and downside risk
- Category 4A - Condition-specific Population Based Payment
- Category 4B - Comprehensive Population-Based Payment
- Category 4C - Integrated Finance & Delivery System

Select the highest LAN category under which your practice contracts with payers.

Select one:

- Category 1A - Fee for Service
- Category 2A - Per-member per month fee from payers to support infrastructure investments
- Category 2B - Incentive payments for reporting quality performance
- Category 2C - Incentive payments for quality performance
- Category 3A - Shared savings
- Category 3B - Shared savings and downside risk
- Category 4A - Condition-specific Population Based Payment
- Category 4B - Comprehensive Population-Based Payment
- Category 4C - Integrated Finance & Delivery System

Approximately what percent of your patient panel falls under the highest LAN category?

Do you currently participate in any formal education, training, or technical assistance focused on practice transformation?

Select one:

- Yes
- No

If yes, please describe.

What is the most significant barrier to your practice's ability to implement capacities not yet in place?

Which topics would you be interested in receiving training or technical assistance?

Select all that apply:

- Behavioral health integration
- Care coordination

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- Care management/complex case management
- Culturally attuned care/competency
- Data systems and analytics
- Health literacy
- Identifying resources in the community for patients
- Implementing and using patient experience of care surveys
- Increasing patient access to care
- Patient and family engagement and communication
- Patient-centered care plans
- Processes for organizational change
- Quality improvement methods and strategies
- Team-based care and empanelment
- None

How are you demonstrating your eligibility for PCPR recognition?	Select one: <ul style="list-style-type: none"> • PCPR • Alternate
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Final submission questions if you selected “PCPR”

Attach your accountabilities workbook.	Accepted file type: Excel file
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To what level are you attesting (should match workbook score)?	Select one: <ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3
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Attach leadership letter of support.	Accepted file types: PDF or Word file
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Our practice understands that HCA may audit or verify the information to which we have attested here.	Checkbox
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Submit. End of online application.

Alternate certification, recognition, or track

Final submission questions if “Alternate” was selected and participating in CMS Making Care Primary Model

Which alternate certification, recognition, track do you have?	<ul style="list-style-type: none"> • MCP track
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What is your MCP track?	Select one: <ul style="list-style-type: none"> • Track 1
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- Track 2
- Track 3

Expiration date of MCP track.	Must be a date at least 60 days into the future
Attach the most recent track documentation.	Accepted file types: PDF or Word file
Attach accountabilities workbook. (optional)	Accepted file type: Excel file
Attach leadership letter of support.	Accepted file types: PDF or Word file
Our practice understands that HCA may audit or verify the information to which we have attested here.	Checkbox
Submit. End of online application.	

Final submission questions if “Alternate” was selected and you are a PCMH practice that meets all three mandatory capacities under the behavioral health integration accountability	
Which alternate certification, recognition, track do you have?	<ul style="list-style-type: none"> • NCQA • URAC • AAAHC • TJC
Expiration date of PCMH recognition.	Must be a date at least 60 days into the future
Attach the most recent recognition documentation.	Accepted file types: PDF or Word file
Attach alternate accountabilities workbook.	Accepted file type: Excel file
Attach leadership letter of support.	Accepted file types: PDF or Word file
Our practice understands that HCA may audit or verify the information to which we have attested here.	Checkbox
Submit. End of online application.	