Patient-Centered Medical Home Application Checklist

Application Instructions:

Use this checklist to ensure your application includes all required enrollment documents. Items listed below are necessary to complete your enrollment application for the Patient-Centered Medical Home (PCMH) Program. Please be sure to sign and date each form, where applicable. Return this checklist with your completed enrollment application.

PRACTICE NAME:

TAX ID: ___________________________ REGIONAL PROVIDER NUMBER: ___________________________

☐ Completed Contract Addenda to the Participation Agreements
☐ Completed Attachment A
  ☐ Practice Information section
  ☐ Designated Provider Representative section
  ☐ Panel Administrator section
  ☐ Practice Portal Administrator section
  ☐ Electronic Communication and Access section
  ☐ Virtual Medical Care Panel (VMCP) Practice section — Must list each of the practices in the VMCP

☐ Completed Attachment B
  ☐ Verified all PCPs in the practice have agreed to participate in the PCMH Program/Primary Care Providers
  ☐ Each PCP agreeing to participate in the PCMH Program has completed, signed and dated the corresponding participant information box
  ☐ Verified each of the practices in a VMCP has completed and submitted Attachments A, B, and Addenda together in one enrollment application. (For Virtual Medical Care Panels only)

FOR INTERNAL USE ONLY

☐ Verified practice completed the above information correctly
☐ Verified each practice in the VMCP completed and submitted Attachments A, B, and Addenda together in one packet
☐ Explained effective dates, submission deadlines and fee schedule effective dates
☐ Verified all PCPs in practices are participating
☐ Completed practice profile assessment
☐ Explained EDI vendor requirements and implementation deadline
☐ Are they currently sending their claims electronically? Y / N
☐ Requested PCMH EDI vendor name: ____________________________________________
☐ Is their practice currently using CareFirst Direct? Y / N
☐ Explained VMCP formation and segmentation rules/policies
☐ Provided your contact information for follow-up questions or concerns
☐ Updated PCMH database
☐ Other: _________________________________________________________________________

PRINTED NAME: ___________________________ PHONE: ___________________________ DATE: ___________________________