

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 Master Participation Agreements

Completed Attachment A

- Practice Information section
- Designated Provider Representative section
- Practice Portal Administrator section
- Electronic Communication and Patient Access section

Completed Attachment B

- Verified all Primary Care Providers (PCPs) in the practice have agreed to participate in the PCMH Program
- 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 Virtual Panel (VP) and Collaborative Panel have completed and submitted attachments A, B, and contract addenda together in one enrollment application. **(For VP and Collaborative Panels only)**

FOR INTERNAL USE ONLY		
Verified practice completed the above information correctly		
Verified each practice in VP and Collaborative Panels completed and submitted attachments A, B, and contract 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 Electronic Data Interchange (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 VP and Collaborative Panel formation and segmentation rules/policies		
Provided your contact information for follow-up questions or concerns		
Updated PCMH database		
Other: _____		
Printed name:	Phone:	Date: