PCMH
Patient-Centered Medical Hom

CareFirst
The CareFirst BlueCross BlueShield family of health care plans.

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:

CUT9222-1S (6/13)