Attachment A: PCMH Medical Panel Information Sheet

Instructions:

The following information must be completed on behalf of each practice for enrollment in the CareFirst Patient-Centered Medical Home (PCMH) program. This program is described in the contract addendum to the Participation Agreements and provided to the Corporation. The practice must provide written notice of any changes to the information contained in this document within 30 days.

Please note: Each of the practices in a Virtual Panel (VP) and Collaborative Panel must fill out and submit attachments A, B, and contract addenda together in one packet before the application can be processed. Please submit your packet to a PCMH team representative (practice consultant, regional care director, etc.). You can find a PCMH team representative at **carefirst.com/providerrep**.

PRACTICE INFORMATION			
Practice Name:		Practice Tax ID:	
Regional Practice Provider Number:		Practice Email Address*:	
Number of active Primary Care Providers (PCPs) in the practice:		Primary Office Telephone Number:	
Practice NPI Number (Type II):			
Primary Practice Address:	City:	State:	Zip:
VP or Collaborative Panel you are joining:			

DESIGNATED PROVIDER REPRESENTATIVE (DPR) INFORMATION			
The DPR is the panel's designated provider liaison and primary contact for clinically related materials or inquiries. Please note: Multiple practices joining a VP or Collaborative Panel must choose one provider to serve as the primary contact for clinically related materials or inquiries.			
DPR First Name (Please print):	DPR Last Name (Please print):	DPR Phone Number:	
DPR Primary Practice Address:	City:	State:	Zip:
DPR Email Address*:	DPR Signature:		Date:

PRACTICE PORTAL ADMINISTRATOR (PPA)	
The PPA is the person at each practice who will set-up practice users and assign portal roles allowing access to PCMH content appropriate for each user at their practice.	
PPA First Name (Please print):	PPA Last Name (Please print):
PPA E-mail Address*:	PPA Phone Number:

* Email addresses starting with sales@, info@, webmaster@, etc. are considered role accounts and are blocked from our system. Please provide your business or practice email address when entering your information. You will not be able to access our system without your business or practice email address.

ELECTRONIC COMMUNICATION AND PATIENT ACCESS INFORMATION	
Check Yes or No for the following:	
Do you currently use CareFirst Direct?	○ Yes ○ No
If YES, is the designated PPA currently assigning user access in the practice?	○ Yes ○ No
If YES, please provide the current CareFirst Direct User ID:	_____