

Physician Practice Application



| Contact Information | | | |
|--|--------------|---|--|
| Practice Name | | Primary Practice Contact for PCMH Project | |
| Practice Address | | City, State, Zip | |
| Primary Practice Contact for PCMH Project | | Position/Title | |
| Email Address | Phone Number | Fax Number | |
| Primary Physician Contact for PCMH Project (If different from above) | | Position/Title | |

| Please List Practice Sites | | | | |
|----------------------------|---------|-----------------|--------------|---------------|
| Name | Address | Primary Contact | Phone Number | Email Address |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Please List Primary Care Physicians <i>(All eligible primary care physicians must participate in order for a practice to be eligible for NCQA recognition.)</i> | |
|---|------------------|
| Name | Practice Site(s) |
| | |
| | |
| | |
| | |

| Please List Physician Assistants and Nurse Practitioners <i>(Must manage or share patient panel to be an eligible clinician.)</i> | |
|---|------------------|
| Name | Practice Site(s) |
| | |
| | |
| | |
| | |

| Other Information | |
|---|--|
| Total Number of Medicaid Patients Currently on Patient Panel? | |
| Current NCQA PCMH Status: <input type="checkbox"/> Not yet applied for PCMH <input type="checkbox"/> Application Phase (no NCQA recognition) <input type="checkbox"/> Level One PPC - PCMH <input type="checkbox"/> Level Two PPC - PCMH <input type="checkbox"/> Level Three PPC - PCMH <input type="checkbox"/> Level One PCMH 2011 <input type="checkbox"/> Level Two PCMH 2011 <input type="checkbox"/> Level Three PCMH 2011 | Other NCQA Recognitions Achieved <input type="checkbox"/> Heart/Stroke Recognition Program <input type="checkbox"/> Diabetes Recognition Program <input type="checkbox"/> Back Pain Recognition Program |
| Do you have an electronic medical record? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, list name of vendor |

Use reverse side to list additional practice sites, primary care physicians, PAs or NPs.

