

## Maryland Patient Centered Medical Home Pilot Practice/Provider Expression of Interest

The Maryland Health Care Commission is identifying practices that are interested in participating in the Maryland Patient Centered Medical Home (PCMH) Pilot program. The PCMH is an exciting new way to practice primary care that's gaining traction throughout the country. It features a team of health care professionals led by a physician or nurse practitioner who provide comprehensive, coordinated care focusing on increased accessibility, prevention and wellness. Selected practices will be transitioned into PCMH practices and achieve NCQA recognition. The 5 largest private carriers and Medicaid are participating in the program. Practices participating in the 3 year PCMH program receive training and practice transformation support through a learning collaborative sponsored by MHCC. In addition to their usual payments from participating carriers, PCMH practices receive additional fixed payments for providing 24-7 access to care, more fully coordinating care, and better managing the health of all patients in their practice. PCMH practices will share in the total savings that result from reduced emergency department visits, fewer hospitalizations and more appropriate use of services through the PCMH.

If you are interested in participating in the PCMH program please complete this form.

### Expression of Interest:

Practice Name: \_\_\_\_\_

Please check Specialty

Pediatrics  
Family Practice  
Internal Medicine  
Geriatrics

Practice Organization

Single Specialty Practice  
Qualified Health Center  
Multi-Specialty Group Practice  
Hospital-owned Group Practice

Site Address:

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Is this practice site participating in any of the following:

NCQA PCC-PCMH Recognition: Yes No Level \_\_\_\_\_

CMS Electronic Health Record Demonstration: Yes No

**Practice Characteristics**

Number of primary care physicians currently delivering patient care at this site:

Full-time (36 Hrs + per week): \_\_\_\_\_

Part-time (20-36 Hrs): \_\_\_\_\_

Intermittent: (< 20 Hrs): \_\_\_\_\_

Number of specialty physicians at this site: \_\_\_\_\_

Number of nurse practitioners: \_\_\_\_\_

Full-time (36 Hrs+ per week): \_\_\_\_\_

Part-time (20-36 Hrs): \_\_\_\_\_

Intermittent: (less than 20 Hrs): \_\_\_\_\_

Number of physician assistants: \_\_\_\_\_

Registered nurses: \_\_\_\_\_

LPNs: \_\_\_\_\_

Non-clinical staff: \_\_\_\_\_

Estimated panel size (i.e., usual source of care): \_\_\_\_\_

Estimate the number of patients whose primary source of coverage is:

Private Insurance: \_\_\_\_\_

Medicare Advantage: \_\_\_\_\_

Traditional Medicare: \_\_\_\_\_

Medicaid: \_\_\_\_\_

Uninsured: \_\_\_\_\_

Does your practice use an electronic health record at this site?                      Yes                      No

If yes: When was the EHR installed at your practice (Date)? \_\_\_\_\_

Is it fully operational today?                      Yes                      No

Does the EHR system support the exchange of information with:  
Pharmacies for e-prescribing                      Hospitals for CPOE  
Other physicians for referrals and care coordination

Does your EHR system contain a disease registry?                      Yes                      No

The practice understands that submitting this Expression of Interest to MHCC does not obligate the practice to apply for NCQA PPC-PCMH recognition or to apply for the Maryland Patient Centered Medical Home Pilot. By accepting this Expression of Interest, the MHCC does not guarantee that the practice will be selected to participate in the pilot.

For the Practice or Provider:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Date

Submit via e-mail, fax or U.S. Mail to:

Valerie Wooding  
Maryland Health Care Commission  
4160 Patterson Avenue, Baltimore MD 21215  
Fax: 410-358-1236 E-mail: [pcmhpractices@mhcc.state.md.us](mailto:pcmhpractices@mhcc.state.md.us)

**This form may be accessed at <http://mhcc.maryland.gov/pcmh/gettingstarted.html>**