



## Primary Care Participation Questionnaire

Practice Name:

Practice NPI:

Practice TIN:

Primary Care Provider (PCP) means the individual Participating Practitioner selected by, or assigned to the member to provide and coordinate all of the member's health care needs and to initiate and monitor referrals for specialized services when required. PCPs shall be medical doctors or doctors of osteopathy in the following specialties: family and general practice, pediatrics, gynecology, internal medicine, geriatrics, inclusive of mid-level practitioners.

Primary Care Providers also shall meet Neighborhood’s credentialing requirements as they relate to prescriptive privileges (DEA & CDS), mechanisms to admit and inpatient care, and at least 3 years of training in a specialty defined above.

INITIAL PARTICIPATION CRITERIA	PLEASE CHOOSE	PRACTICE/PRACTITIONER COMMENTS
Practice employs clinicians trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.	Yes      No	
Practice provides diagnosis and treatment of acute and chronic conditions including but not limited to chronic lung disease, diabetes, and obesity.	Yes      No	
Practice provides routine, yearly physical examinations according American Academy of Pediatrics and widely accepted adult guidelines (AAFP, CDC).	Yes      No	
Practice provides all pediatric vaccinations per CDC guidelines.	Yes      No	
Practice provides all adult vaccinations per CDC guidelines.	Yes      No	
Practice tracks, coordinates, and performs or orders recommended preventive care screenings including but not limited to: cancer (e.g. uterine, cervical, colorectal, breast), infectious disease (e.g. HIV, TB), hypertension, diabetes, hyperlipidemia, obesity, depression, and substance use disorders.	Yes      No	

INITIAL PARTICIPATION CRITERIA	PLEASE CHOOSE	PRACTICE/PRACTITIONER COMMENTS
Practice provides preventive health counseling and anticipatory guidance including but not limited to: smoking avoidance/cessation, healthy eating habits, and reducing/avoiding alcohol use.	<b>Yes</b> <b>No</b>	
All practitioners open to new members.	<b>Yes</b> <b>No</b>	
Practice is open for 40 hours of appointment availability per week. If not: ➤ Please describe the process to ensure access to care.	<b>Yes</b> <b>No</b>	
Do you have admitting privileges or do you use a hospitalist?	<b>Yes</b> <b>No</b>	If yes, please indicate Hospital(s) to whom you refer patients below:
Practice provides for expanded access on evenings and/or weekends. ➤ Please indicate the average number of week-night and weekend hours per week provided.	<b>Yes</b> <b>No</b>	
Practice has an Appointment System that promotes and provides same-day access.	<b>Yes</b> <b>No</b>	
Practice has Remote Systems of patient access to 24/7 care. ➤ On call physician call back within thirty (30) minutes from the time of the initial call.	<b>Yes</b> <b>No</b>	
Practice has an electronic medical record (EMR) with: ➤ Evidence- and guideline-based protocols embedded in the medical record. ➤ Capability to E-prescribe; and ➤ To provide electronic data to immunization registries.	<b>Yes</b> <b>No</b>	
Practice is a recognized Patient Centered Medical-Home.	<b>Yes</b> <b>No</b>	

As an authorized representative of the practice indicated above, I have reviewed and attest to the best of my knowledge, the information provided on this Questionnaire is accurate and complete.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)