

Name of Practice _____	DBA (if applicable) _____
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Type of practice (please check)

- General Practice
 Family Practice
 Internal Medicine
 Pediatrics

Practice location address

Street Address _____

City, State, Zip Code _____

Practice mailing address

Street Address _____

City, State, Zip Code _____

Website _____	E-mail _____
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Primary telephone _____	Secondary telephone _____
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Name of person completing this application _____

Telephone number _____	E-mail _____
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1. Who owns the practice? _____

2. If a group practice, list the providers in the group and their specialty _____

3. Estimated number of current Medicaid clients (if available) _____

4. Estimated percent of the practice that are Medicaid clients _____

5. What information technology are you currently using?

- E-prescribing
 Patient registry
 Electronic health records
 Practice management
 Other (please describe) _____

6. Do you have dedicated personnel (shared or not) for the care management of patients

Yes No (If yes, please explain)

7. What quality improvement activities do you participate in and which of these did you initiate?

8. In 350 words or less, please explain your interest in participating and how you feel your practice would impact the success of the pilot

By signing this Application of Interest, if selected, we would comply with the following participation requirements:

- be enrolled as a Medicaid provider
- commit to two years in the pilot program
- engage in practice transformation planning and implementation with practice coaches to meet DHHS medical home standards
- participate in learning sessions
- utilize a patient registry
- have broadband access
- facilitate a patient advisory committee
- submit claims within 60 days of service
- willing to work with the State in evaluation of the medical home pilot

SIGNATURES (one signature must be by the primary owner of the practice)

Printed Name	Printed Name
Title	Title
Signature	Signature

Mail completed form to: Nebraska Department of Health and Human Services, Attention: Pat Taft
P.O. Box 95026 Lincoln, NE 68509 or e-mail to pat.taft@nebraska.gov by September 1, 2010