

CMS Medicare QIN–QIO Initiative
PARTNERS IN PRACTICE FOR HEALTHY COMMUNITIES

Expression of Interest Form

Name of Practice: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Partners in Practice for Healthy Communities Learning and Action Network (LAN) Programs: [Check all that you are interested in.]

- | | |
|--|--|
| <input type="checkbox"/> Improving Cardiac Health | <input type="checkbox"/> Improving Prevention Coordination through Health Information Technology (HIT) |
| <input type="checkbox"/> Improving Diabetic Health | <input type="checkbox"/> Physician Quality Reporting System (PQRS) and Value-based Payment |
| <input type="checkbox"/> Improving Care Coordination | |

How many providers are in your practice? _____

Do you currently use a Certified Electronic Health Record (EHR)? Yes No

Do any providers in your practice currently submit PQRS? Yes No

What method do you use to submit PQRS? Claims Registry EHR

Are you interested in applying for Patient Centered Medical Home certification or are you already certified?

Yes No

Thank you for your interest in the Partners in Practice for Healthy Communities Program.

Please return the completed form by email or fax to:

Lisa Epting
Email: lepting@thecarolinascenter.org
Fax: 803-212-7600