



**PILOT ELIGIBILITY REQUIREMENTS**

1. Is your practice currently receiving direct transformation services as part of the CT Medicaid Glide Path to PCMH?	YES	NO
2. Are you currently recognized under an existing national medical home standard?	YES If yes, which one? NCQA 2008 NCQA 2011 NCQA 2014 Other: _____	NO
3. Have you recently submitted an application for an existing medical home standard?	YES If yes, which one? NCQA 2011 NCQA 2014 Other: _____	NO
4. Does your practice have an ONC Certified electronic health record (EHR)?	YES	NO
5. Has your practice utilized this EHR for at least 6 months?	YES	NO
6. Are you committed to apply for NCQA 2017 medical home recognition and obtaining NCQA recognition as a condition for participating in and completing the program?	YES	NO
7. Are you committed to submit an application for Planetree Bronze Recognition if you request this technical assistance?	YES	NO
8. Are you committed to achieving Advanced Medical Home specific must pass elements and critical factors?	YES	NO
9. Are you committed to participate in the AMH Learning Collaborative?	YES	NO
10. Are you committed to working with the AMH transformation vendor to advance the capabilities of your practice?	YES	NO

Please describe why you are interested in pursuing medical home recognition through the Advanced Medical Home Program: