

Request for Information for Blue Cross and Blue Shield of Nebraska's Patient-Centered Medical Home Initiative



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Physician-Directed Team

1. Who will be your physician champion? Please provide any contact information.

2. Who will assume the role of office care coordinator? Please provide any contact information.

3. What quality improvement projects is your office currently engaged in?

Care Coordination

1. How do you expect care coordination to occur? Please submit a protocol if you have one in place.

2. Describe your care coordination team and how often they will meet for the Patient Centered Medical Home.

3. How will you manage all facility admissions, discharges and timely follow up office visits?

4. How will you maintain a list of current patient medications, including those prescribed by specialists?

5. How will you track referral visits, diagnostic tests and results?

6. How will you identify high-risk patients who will benefit from targeted health coaching?

Data Management

The MDinsight tool enables tracking on the full scope of patient care services, including preventive and chronic conditions.

1. What electronic health record system do you use?

2. What is your plan to meet federal “Meaningful Use” criteria?

3. Do you have Information Technology resources available to assist with data submission from electronic media, laboratory feeds and transcribed documentation?

4. Is your office willing to implement the data aggregation tool provided to assist your current work flow process?

5. Will you use this tool for your entire practice population or for Blue Cross and Blue Shield of Nebraska members only?

Patient Access

1. Can you provide access to same -day appointments for urgent problems?

2. Can you respond to prescription refill requests and other patient inquires within two business days?

3. Will you offer appointments outside of traditional practice hours?

4. How do you handle after-hours medical inquiries?

Communication

1. What tools and programs will you use for patient education and self-management of common health problems?

2. How will you remind patents about follow-up appointments and routine preventive services (i.e. Will you generate patient reminders about preventative services, periodic screenings and appointments)?

3. How do you plan to communicate with patients with limited English language skills?

Preventive Health and Waste Reduction

1. What initiatives will your practice implement to decrease cost and waste? Examples may include generic drug utilization, reducing ER visits, or potentially preventable hospital admissions.

2. Briefly describe how you plan to implement these initiatives.

Electronic Prescribing

1. Do you e-prescribe? If yes, please answer questions 2-4. If not, proceed to question 5.

2. Is this part of your EMR or a standalone product? What is the name of the vendor used?

3. Does your e-prescribing solution offer notifications of generic and/or formulary brand options for your patients? If yes, is this functionality currently being used when you prescribe for your patients?

4. Does your e-prescribing solution allow you to receive medication histories? If so, how do you use this function?

5. Are you willing to use NeHii as your e-prescribing solution? NeHii costs \$10 per month for standalone prescribing. Full access is available for less than \$55 per month.

Upon completion, e-mail this form to Rhonda Schulte at rhonda.schulte@bcbsne.com.