## A close-up of a logo Description automatically generated

Pediatric Practice Interest Form *Primary Pathways Payment Model Pilot* Please email your completed interest form to [zelda@vahealthinnovation.org](mailto:zelda@vahealthinnovation.org) to begin the application process.

## 

## Practice Information

|  |  |
| --- | --- |
| **Group Name:** Click to enter text.  **Practice Name:** Click to enter text. | **Date:** Click to enter a date. |
| **TIN:** Click to enter text. |  |
| **Point of Contact Name:** Click to enter text.  **Email Address:** Click to enter text. |  |

**How many practices or sites does your organization support?** Click to enter text.

**Where is your practice located?** Click to enter text.

**Does your organization serve Medicaid patients?** Click to enter text.

*Note the Primary Pathways payment model is currently being piloted with Medicaid MCOs Anthem and Sentara. If your*

*organization does not serve this population, you will not be eligible to participate.*

## 

## Anticipated Tier Information

**Do you employ a care manager?** Click to enter text.

**Do you employ a behavioral health provider?** Click to enter text.

*Visit* <https://www.vahealthinnovation.org/primary-pathways> *for Tier requirements.*