##  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 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.*