**Advanced PCMH Funding Opportunity**

**Background:** The South Carolina Office of Rural Health has partnered with the South Carolina Department of Health and Human Services to provide additional funding for practices who have been recognized as a Patient-Centered Medical Home.

**Funding Criteria and Timeline:**

**Eligible Applicants**

* Current NCQA Patient Centered Medical Home Recognition
* 5% Medicaid patient population or 100 Medicaid Patients
* In good standing with SC DHHS
* Designated clinical and administrative team for transformation activities
* Agree to support the Advanced PCMH Initiative
* *See additional Eligibility Requirements and Rules for further explanation of the above.*

**Application Deadline**

* December 31, 2024

**Funding Award**

* Awardees will be eligible to receive up to $20,000 per practice

**Application**

**Applicant Identifying Information:**

*Please include the following about the practice applying.*

|  |
| --- |
| Practice Name |
| Address |
| NPI |
| Practice Physicians with NPI |
| Practice System Affiliation |
| Total number of Medicaid Patients |
| Percentage of Medicaid Population |
| NCQA PCMH Status (please attach a copy of certificate or screenshot) |
| PCMH Expiration Date |
| CEHRT |
| Clinical PCMH Lead Name and Contact |
| Administrative PCMH Lead Name and Contact |

**Documentation of Good Standing with DHHS and Licensing Agencies:**

**Attestation of meeting at least 10 of the 20 criteria set forth in Attachment B (please check all criteria that were met under your PCMH Recognition):**

|  |  |
| --- | --- |
| **□ TC 06** | **□ CM 05** |
| **□ TC 07** | **□ CM 08** |
| **□ KM 02** | **□ CC 04** |
| **□ KM 04** | **□ CC 09** |
| **□ KM 06** | **□ CC 14** |
| **□ KM 07** | **□ CC 16** |
| **□ KM 12** | **□ QI 01** |
| **□ AC 01** | **□ QI 08** |
| **□ AC 02** | **□ QI 10** |
| **□ AC 03** | **□ QI 12** |
| **□ AC 06** | **□ QI 15** |
| **□ CM 01** |  |

**Award Priority Information:**

Attestation: By submitting this application, we affirm (i) the criteria we submit are consistently and continuously implemented in our practice; and (ii) our recognition that any funding award is not guaranteed and, although our practice may meet some or all of the criteria, a funding award may not be paid if other practices based on their Medicaid population or other factors receive priority for awards based on the priorities set forth in the Practice Selection document. Further, by submitting this application, we agree to (i) work collaboratively with our practice evaluators and facilitators; (ii) share best practices with other South Carolina practices; (iii) support evaluation of the program through surveys, interviews, and clinical data collection; (iv) sign a Business Associate Agreement with practice facilitators and evaluators; and (v) agree to an unannounced onsite audit by a practice evaluator so long as two (2) hours’ notice is provided.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_