



## Participating Practice Information Form

<b>PRACTICE NAME</b>				
<b>DEMOGRAPHICS</b>				
<b>Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>Fax:</b>			
<b>Website:</b>				
<b>Practice Specialty</b> <input type="checkbox"/> Primary Care <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other _____				
<b>Practice Taxonomy</b> _____				
<b>Practice SoonerCare ID</b> _____				
<b>Practice NPI</b> _____				
<b>Practice EMR System</b> _____				
<b>CONTRACTS</b>				
Aetna Better Health of Oklahoma	Signed <input type="checkbox"/> Yes <input type="checkbox"/> Pending	Date: _____		
OHCA – HAN Agreement	Signed <input type="checkbox"/> Yes <input type="checkbox"/> Pending	Date: _____		
OHCA – Appendix A	Signed <input type="checkbox"/> Yes <input type="checkbox"/> Pending	Date: _____		
<b>PROVIDER INFORMATION (if more than 5 please list on separate page)</b>				
<b>Provider Name</b>	<b>Credentials</b>	<b>Provider NPI</b>	<b>Provider Medicaid ID</b>	<b>Preferred Method of Contact</b>
				<input type="checkbox"/> Secure Email <input type="checkbox"/> Phone
<b>Email:</b>			<b>Phone:</b>	
<b>Provider Name</b>	<b>Credentials</b>	<b>Provider NPI</b>	<b>Provider Medicaid ID</b>	<b>Preferred Method of Contact</b>
				<input type="checkbox"/> Secure Email <input type="checkbox"/> Phone
<b>Email:</b>			<b>Phone:</b>	
<b>Provider Name</b>	<b>Credentials</b>	<b>Provider NPI</b>	<b>Provider Medicaid ID</b>	<b>Preferred Method of Contact</b>
				<input type="checkbox"/> Secure Email <input type="checkbox"/> Phone
<b>Email:</b>			<b>Phone:</b>	
<b>Provider Name</b>	<b>Credentials</b>	<b>Provider NPI</b>	<b>Provider Medicaid ID</b>	<b>Preferred Method of Contact</b>
				<input type="checkbox"/> Secure Email <input type="checkbox"/> Phone
<b>Email:</b>			<b>Phone:</b>	
<b>Provider Name</b>	<b>Credentials</b>	<b>Provider NPI</b>	<b>Provider Medicaid ID</b>	<b>Preferred Method of Contact</b>
				<input type="checkbox"/> Secure Email <input type="checkbox"/> Phone
<b>Email:</b>			<b>Phone:</b>	



ADMINISTRATIVE STAFF				
Name	Title	Phone/Extension	Email Address	Preferred Method of Contact
				<input type="checkbox"/> Email <input type="checkbox"/> Phone
				<input type="checkbox"/> Email <input type="checkbox"/> Phone
				<input type="checkbox"/> Email <input type="checkbox"/> Phone
				<input type="checkbox"/> Email <input type="checkbox"/> Phone
				<input type="checkbox"/> Email <input type="checkbox"/> Phone

**REPORTS**

Each month the practice will receive a care management report via secure email. This report identifies SoonerCare Choice and Aetna Better Health SoonerSelect members who have active cases with the OU Sooner HAN.

Additional reports are available and can be sent via secure email upon request. These reports include but are not limited to:

Report	Please indicate if you would like to receive this report.		Name(s) of recipients to receive report
<b>ER Utilization</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Inpatient Utilization</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Current Roster Status</b> – will include continuing and new members to your practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>15-Month PCMH Status Reports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Other</b>			

Please email completed form to [SoonerHAN@ouhsc.edu](mailto:SoonerHAN@ouhsc.edu) or Fax to 918-660-3042.