NC Medicaid HIV Case Management Provider
Medical Home Communication Tracker

MEDICAL HOME COMMUNICATION TRACKER INSTRUCTIONS

GENERAL INSTRUCTIONS

Purpose: Per Clinical Coverage Policy 12B, monthly and other communication with the medical home is required. The Medical Home Communication Tracker tool should be used to document communication or attempted communication between HIV Case Management Providers and beneficiary's medical home (i.e. CCNC, PCP, ID).

The following provides guidance on how to complete this tracker correctly. Retain tracker in agency records.

1) Attempt Date (mandatory):
   - Enter the date the communication was attempted;
2) CM Name (mandatory):
   - Enter the name or initials of the Case Manager attempting the communication;
3) Medical Home Name (mandatory):
   - Enter the name of the facility and doctor you are attempting to contact;
4) Type of Outreach (mandatory):
   - Examples include phone, fax, email, voicemail, mail, etc;
5) Attempt Successful (mandatory):
   - Indicate whether the attempted communication was completed with a yes or no;
6) Attempt # (optional):
   - Enter the number of times you have attempted to communicate with this facility or doctor, for example, 1st, 2nd, etc;
7) Purpose of Communication (mandatory):
   - Examples include monthly contact, goal related requests, etc;
   - Include beneficiaries MID or another unique identifier;
8) Person Communicated with (optional):
   - Enter the name, if any, of the person with which you communicated;
9) Comment/Result (optional):
   - Provide additional comments as needed;
   - Include resolution of a successful attempt i.e., appointment scheduled for 10/1/2017.

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Provider Contact Information

<table>
<tr><td rowspan="3">1</td><td>Attempt Date:</td><td>CM Name:</td><td>Medical Home Name:</td><td>Type of Outreach:</td></tr>
<tr><td>Attempt Successful?</td><td>Attempt #:</td><td>Purpose of Communication:</td><td>Person Communicated with:</td></tr>
<tr><td colspan="4">Comment/Result:</td></tr>
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<table>
<tr><td rowspan="3">2</td><td>Attempt Date:</td><td>CM Name:</td><td>Medical Home Name:</td><td>Type of Outreach:</td></tr>
<tr><td>Attempt Successful?</td><td>Attempt #:</td><td>Purpose of Communication:</td><td>Person Communicated with:</td></tr>
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<tr><td rowspan="3">3</td><td>Attempt Date:</td><td>CM Name:</td><td>Medical Home Name:</td><td>Type of Outreach:</td></tr>
<tr><td>Attempt Successful?</td><td>Attempt #:</td><td>Purpose of Communication:</td><td>Person Communicated with:</td></tr>
<tr><td colspan="4">Comment/Result:</td></tr>
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<tr><td rowspan="3">4</td><td>Attempt Date:</td><td>CM Name:</td><td>Medical Home Name:</td><td>Type of Outreach:</td></tr>
<tr><td>Attempt Successful?</td><td>Attempt #:</td><td>Purpose of Communication:</td><td>Person Communicated with:</td></tr>
<tr><td colspan="4">Comment/Result:</td></tr>
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<tr><td rowspan="3">5</td><td>Attempt Date:</td><td>CM Name:</td><td>Medical Home Name:</td><td>Type of Outreach:</td></tr>
<tr><td>Attempt Successful?</td><td>Attempt #:</td><td>Purpose of Communication:</td><td>Person Communicated with:</td></tr>
<tr><td colspan="4">Comment/Result:</td></tr>
</table>

Retain completed form for your records.