



PCMP Service Inventory Check List

Northeast Health Plan (NHP) contracts Primary Care Medical Providers (PCMP) to offer comprehensive, coordinated, member-centered healthcare services to ensure Health First Colorado (Medicaid) members can get the care they need through their selected medical home.

Please check all the services available to patients **in-person** at your primary care practice(s).

Preventive Care

- ☐ Annual wellness exams and physicals
- ☐ Immunizations and vaccinations
- ☐ Health screenings (blood pressure, cholesterol, diabetes, cancer screenings)
- ☐ Routine laboratory testing
- ☐ Tobacco cessation counseling
- ☐ Nutrition and weight management counseling

Acute Care Services

- ☐ Evaluation and treatment of minor illnesses & injuries
- ☐ Same-day and urgent appointments
- ☐ Cold, flu, and respiratory infection treatment
- ☐ Urinary tract infection management
- ☐ Skin conditions and minor procedures

Chronic Disease Management

- ☐ Diabetes management
- ☐ Hypertension (high blood pressure) management
- ☐ Asthma and COPD management
- ☐ Heart disease management
- ☐ Thyroid disorder management
- ☐ Arthritis and chronic pain management

Behavioral Health Services

- ☐ Depression and anxiety screening
- ☐ Behavioral health assessments
- ☐ Brief counseling interventions
- ☐ Substance use screening
- ☐ Referrals to mental health providers

Women's Health Services

- ☐ Well-woman exams
- ☐ Cervical cancer screening (Pap tests)
- ☐ Family planning and contraceptive counseling
- ☐ Menopause management
- ☐ Breast health screening and education

Pediatric and Adolescent Care

- ☐ Well-child visits
- ☐ Developmental screenings
- ☐ School and sports physicals
- ☐ Childhood immunizations
- ☐ Adolescent health counseling

Men's Health Services

- ☐ Preventive health screenings
- ☐ Prostate health discussions
- ☐ Hormonal health evaluation
- ☐ Cardiovascular risk assessment

Population Health & Patient Engagement

- ☐ Chronic care outreach programs
- ☐ Preventive care reminders
- ☐ Health education programs
- ☐ Self-management support

Telehealth and Digital Services

- ☐ Virtual visits
- ☐ Secure patient messaging
- ☐ Online appointment scheduling
- ☐ Prescription refill requests
- ☐ Access to patient portal and health records

PROVIDER NAME (Organization Legal Name): _____

Federal Tax ID Number: _____

CONTACT FULL NAME: _____ TITLE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____