

## NPHO Care Coordination Patient Compliance Guidelines Agreement

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID/WBA#: \_\_\_\_\_

**Please list if you or one of your dependents have 1 or more of the following chronic conditions: Diabetes, Asthma, COPD, CHF, CVD**

Name	Chronic Disease (s)
<input type="checkbox"/> <b>Self</b>	
<input type="checkbox"/> <b>Spouse:</b> _____	
<input type="checkbox"/> <b>Dependent (s):</b> _____ _____	

The Care Coordination Program Compliance Guidelines have been fostered to ensure participants enrolled into the NPHO Care Coordination Program are performing the designated compliance standards. Compliance standards are intended to serve patients by promoting evidenced based care to achieve optimal health outcomes.

The Care Coordination compliance standards consist of four primary components: 1. Laboratory Studies, 2. Medication Compliance, 3. Scheduled Office Visits and 4. Twice Yearly Communication with care coordinator nurse.

1. **Laboratory Studies:** Completion of all physician ordered laboratory studies, related to the patient’s specific chronic condition, within the timelines of recommended national guidelines.
2. **Medication Compliance:** Administration of all physician ordered medication regimens, related to the patient’s specific chronic condition, per physician’s instructions.
3. **Scheduled Office Visits:** Fulfillment of all scheduled physician visit’s related to the patient’s specific chronic condition, within timelines of recommended national guidelines. Additional visits to be scheduled on an as needed basis.
4. **Communication:** Telephone/email/face-to-face communication with care coordinator nurse completed a minimum of two times per year. Completion of any assessment, interview, or evaluations required by care coordinator nurse. Additional communication completed on an as needed basis.

Failure to comply with designated compliance standards may include but are not limited to: Failure to meet any of the four compliance standards, lack of cooperation or participation with care coordinator nurse, or a disregard of physician’s treatment plan. Evidence of unwillingness to participate may result in loss of Care Coordination benefit advantages such as prescription and co-pay rebates, and potential dismissal from the Care Coordination Program. Patients will be held accountable for fulfillment of compliance standards, and the care coordination nurse will continuously monitor patient’s progress throughout commitment to the programs.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email: [CareCoordinator@nrh-ok.com](mailto:CareCoordinator@nrh-ok.com)  
Ph: 405-515- NPHO (6746) Fax: 405-447-3850