

Practice Name:

Dashboard Date:

Physician or Facility		Roadmap of Relationship Connections						
		Phone	Found	Contact	EHR	MU	Direct	Test
	(Cut and paste status symbols into columns based on status)		✓	✓	✗	✗	?	?
1								
2								
3								
4								
5								
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23								
24								
25								

Practice Name:

Direct Message Address Directory

Provider	DIRECT MESSAGING ADDRESS	Regular Email

Practice Name:

Dashboard Date:

Non-Connected Transition of Care Relationships as of [DATE HERE]

Referral and Transition of Care Organization Name	Email Address	Contact Phone	City	State	Zip code

¹ https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_HealthInformationExchange.pdf