

Application Request for BIDCO Participation

Name of requester: _____ Phone: _____

Email: _____

Practice Name: _____

Office Contact Name and number:

Primary Practice Address:	Secondary Practice Address:
_____	_____
_____	_____
_____	_____

Check if practice is: PCP _____ / Specialist _____ Both _____

Practice Specialty _____

Current Practice Affiliation(s): _____

BIDCO must be your primary affiliation. Are you going to maintain your current affiliation? _____
If no - Term date _____

TAX ID that will be specific to your BIDCO membership: _____

(Tax ID will be assigned to only BIDCO for all contracting purposes)

Is the TIN actively enrolled in: Medicare # Y N Medicaid # Y N

Group Medicare # _____ Group Medicaid # _____

If yes, please provide us with a copy of your PECOS screen shot and/or Medicare and Medicaid welcome letter. Participation is required for membership in BIDCO

Hospital privileges at:

- BIDMC BID-Needham BID-Milton BID-Plymouth Lawrence General
- Cambridge Health Alliance New England Baptist Anna Jaques
- Other _____

Do you take call at any of the above hospitals? _____

- Check off EHR used:
 - eClinicalWorks (must convert to BIDCO-Hosted)
 - athenaClinicals
 - Epic

Please provide the following annualized information on claims billed by your office.

Payor Mix	Medicare	Medicaid	BCBS/HPHC/Tufts	Other commercial	Free Care
% of annual revenue					
% of total patients					

Five Most Frequent E&M/Procedures	Number of visits
1.	
2.	
3.	
4.	
5.	
Total Visits	

Where are you currently referring/providing the following services?

Type of Service	Primary referral facility/practice	Secondary referral facility/practice
Radiology		
Laboratory		
Other Diagnostics		
Surgery		
Other		

What percentage of your patients are currently part of the BIDCO network? _____%

Do you already have existing relationships with any BIDCO primary care physicians?

_____ Yes _____ No

(If Yes, please list the names of the top referring PCP's or groups below or on a separate sheet)

_____	_____
_____	_____
_____	_____

What is the 3rd next available appointment (or equivalent access measure)?

_____ 2 weeks _____ 4 weeks _____ > 4 weeks _____ Other

Please describe any mechanisms to prioritize BIDCO patients if the wait is more than 30 days.

What is your protocol for call coverage?

_____ Associate(s) in the practice _____ Colleague(s) in another practice _____ Refer to ED

My current office hours are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Requirements for BIDCO Membership include:

- All providers must have privileges at a BIDCO hospital.
- Providers must have a certified electronic medical record in accordance with the BIDCO EHR policy.
- Whole TAX ID participation is required (if you have multiple providers in your group, all that bill with the TAX ID you are providing in this application must join BIDCO or obtain a separate TAX ID number)
- Providers must participate in all BIDCO Risk contracts (currently UHC Medicare Advantage, BCBS, Tufts, HPHC, MA Health ACO/THPP)
- Providers must participate in all clinical quality initiatives and allow access to Medical Records to BIDCO staff to obtain clinical quality data and to operationalize patient care management programs.
- Provider must have a valid license, malpractice, DEA and Controlled Substance, or in application process.
- Provider must disclose any open or settled malpractice cases.
- Provider must disclose any pending or active claim or allegation of malpractice, professional misconduct, or grounds for licensure or clinical privilege revocation, suspension, or restriction raised against him/her by any governmental agency, professional organization, health care facility, health care practice setting or person. This disclosure requirement applies both during the application phase and at any time after membership approval.
- Provider must be board certified in declared specialty or have equivalent foreign training. Note that some plans including BCBS and UHC will not enroll physicians who are not board certified.
- Practice must pay annual dues for each physician linked to their TIN.
- All independent providers that join BIDCO must join Affiliated Physicians Inc.

This application does not guarantee membership in BIDCO. The committee takes many criteria into account when considering membership including but not limited to clinical need in the geographic area, insurances accepted, additional affiliations, etc.

Physician Signature
2/25/2019

Date