

Application Request for BIDCO Participation - Dermatology

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

- GE Centricity
- NextGen
- Other _____

Why do you want to join (attach separate sheet if necessary)

BIDCO? _____

of Providers in the practice? _____ # of Mid-level providers? _____

If there are NP's or PA's in the practice, please confirm a Board certified physician is physically on site where the NP/PA is working. Yes No

List all providers in the practice. If more room is needed, please add an additional page.

| Provider Name | NPI | Medicare ID | MassHealth ID | Specialty | Board Certified? | Year Certified | Participate in MOC? |
|---------------|-----|-------------|---------------|-----------|------------------|----------------|---------------------|
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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. E&M | |
| 2. Mohs | |
| 3. Cosmetic | |
| 4. Biopsies | |
| 5. | |
| Total Visits | |

Where are you currently referring/providing the following services?

| Type of Service | Primary referral facility/practice | Secondary referral facility/practice |
|-----------------|------------------------------------|--------------------------------------|
| Mohs | | |
| Dermpath | | |
| Phototherapy | | |
| 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.

The BIDCO Credentials and Membership Committee considers a variety of criteria, including but not limited to clinical need in the geographic area, insurance accepted, and additional affiliations, when making membership determinations. If your application request is approved, you have ninety (90) days from the date

of the Credentialing and Membership Committee decision to return your provider application(s) to BIDCO. Otherwise, that approval is subject to reconsideration by the Committee.

By my electronic signature below, I attest that my responses to this application are true and complete to the best of my knowledge. I further understand that this application does not guarantee membership in BIDCO.

I acknowledge that my electronic (typed) signatures, below is intended to authenticate this writing and to have the same force and effect as manual signatures pursuant to the Massachusetts Uniform Electronic Transactions Act (M.G.L. ch. 110G, § 1 et seq.) as amended from time to time.

Physician Signature

Date