

**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 \_\_\_\_\_

Are you board certified by the American Board of Obstetrics and Gynecology?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

What year were you certified and recertified? \_\_\_\_\_

Do you participate in maintenance of certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 \_\_\_\_\_



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

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

<b>Five Most Frequent E&amp;M/Procedures</b>	<b>Number of visits</b>
1. E&M	
2. Gyn Procedures	
3. Obstetrics	
4. Other (please specify)	
5.	
<b>Total Visits</b>	

How many of your patients are admitted for care and to what institution?

	<b>Number of Admissions</b>	<b>Hospital</b>
Obstetrics/Deliveries		
Gynecological Care		

Where are you currently referring/providing the following services?

<b>Type of Service</b>	<b>Primary referral facility/practice</b>	<b>Secondary referral facility/practice</b>
Gynecologic Oncology		
Maternal Fetal Medicine		
Endocrine and Infertility		
Urogynecology		
Gynecologic Oncology		
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 3<sup>rd</sup> 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.**

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Physician Signature

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Date