

Application Request for API Membership in an Existing TIN/Group

Practice Name: _____

Physician

Office contact

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Primary Practice Address: _____

I want to be listed in plan directories as: PCP Specialist PCP/Specialist

Provider Specialties _____

Hospital privileges at:

- BIDMC BID-Needham BID-Milton BID-Plymouth Anna Jaques
- Cambridge Health Alliance New England Baptist Addison Gilbert
- Lahey Mt Auburn Beverly Winchester

At which hospitals do you take call? _____

For specialists, do you have existing relationships with any BIDCO PCPs? Yes No

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

What is your protocol for call coverage?

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

My office hours will be:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

- I have included my current CV
- I have included information on any malpractice cases in the last 5 years

Physician Signature

Date

Requirements for API Membership include:

- All providers must have privileges at a BILHPN hospital. Providers must have a certified electronic medical record in accordance with the BILHPN 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 or obtain a separate TAX ID number)
- Providers must participate in all BIDCO and BILHPN Risk contracts (currently UHC Medicare Advantage, BCBS, Tufts, HPHC, MA Health ACO/THPP, Medicare Shared Savings Program)
- Providers must participate in all clinical quality initiatives and allow access to Medical Records to BILHPN 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 Affiliated Physicians Inc. must pay a \$500 membership fee. Mail payment to Deb Schoenthaler c/o HMFP, 600 Unicorn Park Drive, 4th floor, Woburn MA 01801

This application does not guarantee membership in API, PPLLC or BILHPN. 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

Date