

**Application Request for PPLLC Participation – OBGYN**

Name of requester: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Office Contact Name and number:  
\_\_\_\_\_

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

Check if the practice is: PCP\_\_\_ Specialist\_\_\_\_\_ Both\_\_\_\_\_

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

Current Practice Affiliation(s): \_\_\_\_\_

PPLLC must be your primary affiliation. Are you going to maintain your current affiliation? Yes No  
If no - Term date \_\_\_\_\_

TAX ID that will be specific to your PPLLC membership: \_\_\_\_\_

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

Is the TIN actively enrolled in: Medicare Yes No Medicaid Yes No

Group Medicare # \_\_\_\_\_ Group Medicaid # \_\_\_\_\_

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

Hospital privileges at:

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

At which of the above hospitals do you take call? \_\_\_\_\_

Check off EHR used:

eClinical Works (must convert to BIDCO-Hosted)    GE Centricity

AthenaClinicals    NextGen

Epic    Other

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

# 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.

<b>Provider Name</b>	<b>NPI</b>	<b>Medicare ID</b>	<b>MassHealth ID</b>	<b>Specialty</b>	<b>Board Certified?</b>	<b>Year Certified</b>	<b>Participate in MOC?</b>

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					

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

<b>Five Most Frequent E&amp;M/Procedures</b>	<b>Number of visits</b>
1. E&M	
2. GYN Procedure	
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>
Gynecology Oncology		
Maternal-Fetal Medicine		
Endocrine and Infertility		
Urogynecology		
Other		

What percentage of your patients are currently part of the PPLLC network? \_\_\_\_\_%

Do you already have existing relationships with any PPLLC 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 PPLL C 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 PPLL C Membership include:**

- All providers must have privileges at a BILHPN hospital and must use BIDMC as their primary hospital for tertiary and quaternary patients.
- 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 PPLL C or obtain a separate TAX ID number)
- Providers must participate in all BIDCO and BILHPN risk contracts (currently UHC Medicare Advantage, BCBS, Tufts, HPHC, MSSP, MA Health ACO/THPP)
- Providers must participate in all clinical quality initiatives and allow access to Medical Records to BILHPN and PPLL C 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.

The PPLL C Credentials and Membership Committee considers a variety of criteria, including but not limited to a 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 Credentialing and Membership Committee decision to return your provider survey to PPLL C and enrollment paperwork to BILHPN.

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

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

Federal Tax ID

Practice Legal Name

Practice Authorized Representative Signature

Date

Alexa Kimball, MD, MPH, President

Date