**Hospital Medical Staff Requirement**

1. Provider must be on the active Medical Staff of a BILH hospital to join PPLLC and be enrolled in BILHPN contracts
   1. The provider must contact the Medical Staff Office of the BILH hospital and all documentation is sent through the CVO (Central Verification Office).
   2. The physician / practice is responsible for this part of the process and should be aware of timelines. The duration of time related to this process usually ranges from 3-6 months.
   3. Hospital credentialing committees usually only meet one time per month to approve providers for hospital privileges.
2. BILHPN will not process a health plan application with the payors without a privileges letter. Affiliated Hospitals: *BIDMC; BID-Needham; BID-Milton; BID-Plymouth; Anna Jaques; Cambridge Health Alliance; Lahey Medical Center; Mt. Auburn; New England Baptist; Addison Gilbert; Beverly; and Winchester.*

**Joining PPLLC through a Member:**

1. Provider sends email request to join API or Milton PO to [PLLCAdministration@bidmc.harvard.edu](mailto:PLLCAdministration@bidmc.harvard.edu) Providers joining NEBCIO or Whittier IPA should reach out to those organizations for process.
2. Provider fills out New Provider Survey – <https://physicianperformance.org/forms> and returns to [PLLCAdministration@bidmc.harvard.edu](mailto:PLLCAdministration@bidmc.harvard.edu) along with CV and Malpractice Cases within previous 5 years. (Turnaround can be 1 day or 1-2 weeks depending on provider)
3. Once New Provider Survey is returned, it is reviewed for completeness. If the provider is missing documentation, their application will be delayed.
4. Invoices for initial membership fee are then sent (same day or next day as the request to join). **Health plan enrollment paperwork is not submitted until initial membership fee is received.**
5. New Provider Survey application is reviewed and approved / denied by each Member’s Governance process.
6. Approved applications are brought forward to PPLLC governance review process.

**PPLLC Cred & Membership Meeting:**

1. Member-approved New Provider Survey forms are forwarded to the PPLLC Credentials and Membership (C&M) Committee. PPLLC C&M Committee meets on the 2nd Monday of the month. If a provider does not make this cutoff, they will be moved to the next month’s meeting for approval. (It is up to the practice/provider to return forms in a timely manner)
   1. If the provider is missing documentation for PPLLC, their application will be delayed.
2. If approved by PPLLC C&M Committee, the application is brought to the PPLLC Board for a vote. If approved, a communication is sent to Practice Manager and/or provider and the BILHPN Enrollment Specialist.

**Enrolling in BILHPN: (Insurance can take 60-90 days after sent to Payors)**

1. Upon receipt of a completed New Provider Survey to PPLLC, PPLLC submits a provider enrollment application request form to BILHPN, with a cc: to the practice.
2. BILHPN enrollment specialist sends health plan enrollment forms to practice manager/provider for completion.
3. Once all relevant paperwork is received from the practice, BILHPN enrollment completes QC review/submission to payors.
4. Submission is dependent upon the timely return of completed paperwork, consisting of the following:
   1. W9
   2. Current Malpractice Face Sheet (payors will not process without this)
   3. Copy of License (must be current)
   4. DEA
   5. MCSR
   6. Board Certificate
   7. HCAS
   8. Current CV with no employment gaps (or with accompanying gap explanation(s))
   9. Diploma
   10. BILHPN Checklist (completed)
   11. Medicare PTAN and Masshealth numbers (requirement to join PPLLC) (If provider is pending, this will delay some payors) <https://wwwcms.gov/medicare/provider-enrollment-and-certification/enrollment-applications>
   12. CAQH Login and Password (CAQH must be up to date)
   13. Signed BILHPN contracts and joinders B-2 & W-9
5. Submission to payors occurs after QC Review, providing nothing outstanding or missing (clean application).
6. Once application is submitted to payors, must allow 30-45 days before any effective dates begin to be provided to BILHPN.
7. BILHPN provides effective date reports bi-weekly beginning at 30 days from date of submission. BILHPN may also receive effective dates between reporting periods and will notify Practice Managers as any come in.
8. Effective date reports are received every other Friday and reviewed.

**Common backlogs for application delays:**

1. CAQH Attestations - note if CAQH makes an update to a required field CAQH needs to be re-attested even if it was just done.
2. DEA / Licensure missing/delayed
3. Need term letter if the provider is primary with another organization
4. Medicare / Medicaid Enrollment not complete
5. Primary source verifications are delayed (training)
6. Gaps in CV with no accompanying explanation